

---

**ANGIER ABC STORE  
HARNETT COUNTY  
NORTH CAROLINA**

**APPLICATION FOR EMPLOYMENT**

Mailing Address: P.O. Box 788, Angier, N.C. 27501  
Phone: (919) 639-4881

**PLEASE READ THIS APPLICATION COMPLETELY**

1. Applications are accepted for current vacancies only.
2. Applications submitted become property of the Angier ABC Store and will not be returned.
3. You must complete all parts of the application. (Resumes are welcome as a supplement but may not be submitted in place of the employment application.)
4. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.

**BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:**

- \_\_\_ Listed correctly your phone number or number where you can be contacted.
- \_\_\_ Given complete information on your training, education, and work experience.
- \_\_\_ Signed and dated your application. Unsigned applications will not be processed.

We thank you for your interest in your employment with the Angier ABC Store. Our interest and efforts are to find the best-qualified individuals to serve our citizens. Although everyone who applies cannot be hired, your application will be given every consideration.

**PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ Telephone: (business) \_\_\_\_\_

If neither, where can you be reached? \_\_\_\_\_

**GENERAL INFORMATION**

When will you be available for employment? \_\_\_\_\_

Are you a United States Citizen or legal alien authorized to work in the United States? \_\_\_\_\_

If you are subject to Selective Service Registration Requirement, are you in compliance? \_\_\_\_\_

Are you seeking: \_\_\_ Full time \_\_\_ Part-time \_\_\_ Temporary

Are you related by blood or marriage to any person now employed by Angier ABC Store?

If yes, indicate Name: \_\_\_\_\_ Department: \_\_\_\_\_

Do you have any health problems or physical limitations that would prevent you from performing the job for which you are applying? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of an offense against the law or forfeited or been denied a fidelity bond?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you consume alcohol? \_\_\_ Yes \_\_\_ No If yes, how much? \_\_\_\_\_

(additional information may be submitted on a supplemental sheet)

Note: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

**EDUCATION**

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

| Schools                | Name and Location | Dates Attended<br>From: To: | Graduate  | Degree Received | Major/Minor Coursework |
|------------------------|-------------------|-----------------------------|---|-----------------|------------------------|
| High School            |                   |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                        |
| College University     |                   |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                        |
| Graduate/ Professional |                   |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                        |
| Vocational & Other     |                   |                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                        |

**EMPLOYMENT DATA**

In the space below, give your employment history beginning with your current and most recent employer. Include military, part time, summer and significant volunteer work. Be sure to account for all gaps in employment. \*If additional space is needed, please complete a supplemental sheet.

May we contact your present employer?  Yes  No

|   |                                       |                                     |                     |
|---|---------------------------------------|-------------------------------------|---------------------|
| Employer:                               | Address:                              | Phone:                              |                     |
| Job Title:                              | Name of Supervisor:                   | No. Supervised by you:              |                     |
| Date Employed:<br>(mo/yr):              | Starting Salary:<br>\$            per | Ending Salary:<br>\$            per | Reason for leaving: |
| Date Separated:<br>(mo/yr):             |                                       |                                     |                     |
| Full Time<br>Years    Months            |                                       |                                     |                     |
| Part Time<br>Years    Months            |                                       |                                     |                     |
| If part time, number of hours per week: |                                       |                                     |                     |

|  |                                       |  |
|--|---------------------------------------|--|
| Employer:                                  | Address:                              | Phone:   |
| Job Title:                                 | Name of Supervisor:                   | No. Supervised by you:   |
| Date Employed:<br>(mo/yr):                 | Starting Salary:<br>\$            per | Ending Salary:            Reason for leaving:<br>\$            per |
| Date Separated:<br>(mo/yr):                |                                       |  |
| Full Time<br>Years      Months             |                                       |  |
| Part Time<br>Years      Months             |                                       |  |
| If part time, number of<br>hours per week: |                                       |  |

|  |                                       |  |
|--|---------------------------------------|--|
| Employer:                                  | Address:                              | Phone:   |
| Job Title:                                 | Name of Supervisor:                   | No. Supervised by you:   |
| Date Employed:<br>(mo/yr):                 | Starting Salary:<br>\$            per | Ending Salary:            Reason for leaving:<br>\$            per |
| Date Separated:<br>(mo/yr):                |                                       |  |
| Full Time<br>Years      Months             |                                       |  |
| Part Time<br>Years      Months             |                                       |  |
| If part time, number of<br>hours per week: |                                       |  |

|               |
|---------------|
| <b>SKILLS</b> |
|---------------|

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

Type of equipment you operate:

Put a check beside the following skills, experience, etc. you have:

Driver's License Number            State

Computer

Software (please list: \_\_\_\_\_ )

Other (please list: \_\_\_\_\_ )

**REFERENCES**

List three people who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

| Names | Address | Phone |
|-------|---------|-------|
|       |         |       |
|       |         |       |
|       |         |       |

**CERTIFICATE OF APPLICANT**

I, certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release information: I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide the Angier ABC Store any information requested. I further authorize the Angier ABC Store to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(unsigned applications will not be processed)

**THANK YOU FOR APPLYING FOR EMPLOYMENT WITH THE ANGIER ABC STORE OF  
HARNETT COUNTY**