

Application For Part Time Employment

This application is for part time work only. No promise of permanent work is made or implied. Please type or use ink.

Name (first, middle initial, last)

Address		City	State	ZIP code
Telephone number	Email Address		Other Phone (work phone, mobile, etc.)	

Requirements:

- Yes No 1. I am 21 years of age or older.
- Yes No 2. I am a citizen by birth or a naturalized citizen of the United States.
 If your answer is "No", are you eligible to work in the United States? Yes No
(If you are hired, you are required by federal law to bring the appropriate employment eligibility documentation with you on the first day you report to work.)

Questionnaire:

- Yes No 1. Have you ever worked for the DABS or another State Agency? (If yes, please list agency and dates of employment) _____
- Yes No 2. Do you have cashing and ten-key skills?
- Yes No 3. This position requires frequent lifting or movement of heavy boxes up to 50 pounds. Are you able to perform this job requirement with or without accommodation?
- Yes No 4. By law, applicants for employment with the Department of Alcoholic Beverage Services cannot have *FELONY CONVICTIONS within the last 7 years. *Violations concerning the sale, manufacturing, distribution, warehousing or transportation of an alcoholic beverage or a CRIME OF MORAL TURPITUDE (crimes against persons or property, crimes of theft or fraud, crimes involving controlled substances, illegal drugs, and narcotics, etc.), within the last 4 years. *TWO OR MORE DUI's within the last 5 years. Applicants with convictions that violate this law cannot be considered for employment.

 If you have had a criminal conviction that would disqualify you from employment, please answer "yes" to this question.
- Yes No 5. Are you flexible to work shifts that vary between the hours of 8:00 a.m. and 10 p.m. Monday through Saturday?
- 6. How did you learn about the part time job openings at the DABS?

Experience: Begin with your present or most recent job and describe below all periods of employment for the past three years. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format. You may attach a resume as additional information.

Employment History

Employer:	Date of Employment From:	To:
Address:		Telephone:
Job Title:		
Job Duties:		
Reason for Leaving:		

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Address:		Telephone:
Job Title:		
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Signature and Release:

I certify that the application and attached documentation for part time employment contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. I understand that any information about me that may be contained in a criminal history record will be used to determine the suitability of my employment and that failure to allow this criminal history check will result in my conditional offer of employment with the agency being withdrawn. I understand that this is an "at will" position and that I may be terminated at any time.

Signature of applicant (Original signature is required, photocopies will not be accepted) X	Date
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The Department of Alcoholic Beverage Services is an Equal Opportunity Employer