EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, color, religion, sex, national origin, disability, age, veteran status, genetic information or any other protected status.

This is a Drug Free Workplace. The use, possession and/or being under the influence of Medical Marijuana at work/during work hours is prohibited.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

SHAM ROCK WINE & LIQUOR WAREHOUSE

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for	D.O.B.		
Type of Employment Desired	Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐		
Referred by			

Are you authorized to work in the U.S. for any employer?	YES ☐	NO ☐	Are there any reasons why you would be unable to perform the tasks involved in the position that you are applying for? If yes, please state reasons_____	YES ☐ NO ☐
Have you ever been convicted of, plead guilty to, or served probation for any crime (excluding minor traffic violations) including DWI?	YES ☐	NO ☐	If yes, state the offense, location, date and disposition	
Do you have obligations or other reasons that would limit your ability to travel or work overtime?	YES ☐	NO ☐	If yes, explain	

EDUCATION

High School	Address			
Did you graduate?	YES ☐	NO ☐	Degree	
College	Address			
Did you graduate?	YES ☐	NO ☐	Degree	
Other	Address			
Did you graduate?	YES ☐	NO ☐	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	

Address

Full Name | Relationship

Company | Phone

Address

PREVIOUS EMPLOYMENT

Company | Phone

Address | Supervisor

Job Title

Responsibilities

From | To | Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company | Phone

Address | Supervisor

Job Title

Responsibilities

From | To | Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company | Phone

Address | Supervisor

Job Title

Responsibilities

From | To | Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐ NO ☐

SKILLS & ABILITIES

DISCLAIMER AND SIGNATURE

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate any employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive any right to bring any cause of action against those individuals for defamation invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. The use, possession and/or being under the influence of Medical Marijuana at work/during work hours is prohibited.

I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any or no reason at all, with or without prior notice.

Signature | Date