

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

By signing this application, I hereby agree to a background and criminal history check.

I understand that a condition of employment may include random drug testing.

Signature	Date
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**Office Use only:**

Background check done, date: \_\_\_\_\_

Results: \_\_\_\_\_

ABC Board certification, date: \_\_\_\_\_

**PROVIDENCE WINE & SPIRITS**  
Employment Application



**APPLICANT INFORMATION**

Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Social Security No.				Date of Birth			
Position Applied for and desired salary											
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain						
Have you ever applied to the TN ABC board for certification?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							
Do you currently have a TN ABC certification?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							

**EDUCATION**

High School				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address							
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	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**