

georgie's

Personal Information						
Last Name	First Name	Mic	ldle Name	Today's Date		
Street Address	City	State	2	Zip Code		
Home Phone: (_		the U. S. provide a	Are you a United States Citizen or legally eligible to work in the U. S.?No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.) Social Security Number:			
Are you S.T.A.R	S.S Certified?YesNo					
Date of Birth:						
Have you been p	reviously cited by any ABC agenc	cy (local or state) for imp	properly handling or serv	ing alcohol?YesNo		
Position Applying For Date Available to Work						
Have you been c	onvicted or charged with any misd	lemeanors or felonies? _	YesNo. If yes, plo	ease explain.		
How many hours	s per week would you like to work	?				
Are you currently	y employed?YesNo If so	o, may we contact your p	resent employer?Ye	esNo		
Education						
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma		
High School						
College						
Graduate School						
Technical or Certificate Programs						

			revious three employers, beginning with necessary, do not use "see attached resume".)	
Employer:	Dates Employed:		Job Title:	
	From	То		
Address:				
Telephone:		Job Duties:		
Weekly Pay Start: Fini	sh:			
Reason for Leaving:				
Employer:	Dates Employed:		Job Title:	
	From	То		
Address:				
Telephone:		Job Duties:		
Weekly Pay Start: Finis	sh:			
Reason for Leaving:				
Employer:	Dates Employed:		Job Title:	
	From	To		
Address:				
Telephone:		Job Duties:		
Weekly Pay Start: Finis	sh:			
Reason for Leaving:				

References	Please list names of su	pervisors, managers, or oth	ers who can comment directly on you	r abilities:
	Please list names of su Address	pervisors, managers, or oth Phone #	ers who can comment directly on you Relationship/Occupation	r abilities: Years Known
References Name				

Availabi	i lity Ple	Please list all times and days you are available to work					
	SUN	MON	TUES	WED	THURS	FRI	SAT
START TIME							
END TIME							