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Employment Application Form

Welcome to the Durham County Alcoholic Beverage Control Board employment process. We thank you for your interest in to the Durham County Alcoholic Beverage Control Board and look forward to seeing your submission.

BEFORE YOU START:

APPLICATION FILE: APPLICANTS MUST HAVE A COMPLETE APPLICATION FILE BEFORE BEING CONSIDERED FOR AN INTERVIEW. A COMPLETE FILE CONSISTS OF THE FOLLOWING ITEMS:

- **Application for Employment, a resume is optional and preferred.**
- **A minimum of two (2) references**

SELECTION: When it is determined that there is a vacant position, qualified applicants are invited for interviews.

EMPLOYMENT NOTIFICATION: ONLY the General Manager or their designee is authorized to grant notification of employment. When the selected applicant is notified the terms of employment, starting date and all pertinent information will be explained. All forms, such as withholding, should be filled out prior to employment.

APPLICATION UPDATE: Applications are kept on active file for one year of their receipt. They are maintained in an inactive file during the second year and are re-activated upon written request only.

SPECIAL NOTE: Please do not call or visit our office to check the status of an application. As stated above, persons selected for interviews will be contacted when there is a vacancy.

About You

Please answer questions about yourself to the best of your ability.

Name (as it appears on your social security card and identification) *

First Name Last Name

Preferred name

Position applying for *

Email

Phone Number *

Please enter a valid phone number.

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Expected salary *

Hourly / Annually *

Date available to begin work *

Month Day Year

Education *

Name of High School or Equivalent

High School Location

Did you graduate? *

No
Yes

Name of College, University, Technical, or Vocational School or equivalent

Location of College, University, Technical, or Vocational School or equivalent

Degree / Major

Did you graduate? *

No
Yes

Are you a citizen of the United States? *

Yes
No

If you answered no, are you eligible to work in the United States?

Yes
No

Have you ever been convicted of any offense? *

No
Yes

If the answer is yes, indicate when, where, and the disposition of this offense.

Feel free to include any other information you think would be helpful to us in considering you for employment. This can include additional work experience, volunteer experience, activities, skills, accomplishments, special qualifications, etc. (You may exclude all information indicative of age, religion, race, color, or national origin, handicap, or any other personal information you do not wish to share.)

Employment History

List all full-time and part-time employment. Begin with your present or most recent job.

Company 1

Your Job Title

Company Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Start Date

Month Day Year

End Date

Month Day Year

Describe your duties and responsibilities at Company 1

Company 2

Your Job Title

Company Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Start Date

Month Day Year

End Date

Month Day Year

Describe your duties and responsibilities at Company 2

Company 3

Your Job Title

Company Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Start Date

Month Day Year

End Date

Month Day Year

Describe your duties and responsibilities at Company 3

References

Obtain references from persons who have firsthand knowledge of your qualifications. It is the responsibility of the applicant to have at least two (2) references ready for submission. Reference letters can be uploaded at the bottom of this section.

Reference 1 *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Organization

Relationship to applicant *

Reference 2 *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Organization

Relationship to applicant *

Reference 3 (Optional)

First Name Last Name

Phone Number

Please enter a valid phone number.

Organization

Relationship to applicant

Are you related to anyone who works for the Durham County ABC Board?

Yes

No

Did this person refer to Durham County ABC?

Yes

No

If yes to either of these questions, list the name of the employee and your relationship

AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge; and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal, if discovered at a later date.

I authorize persons, current employers (if applicable), and previous employers and organizations named in this application/resume (if any) to provide the Durham County ABC Board with any relevant information that may be required to arrive at an employment decision. I further authorize the Durham County ABC Board, its agents or appropriate law enforcement agencies to conduct an investigation of federal and/or state criminal and civil records. I understand that I must submit to a drug and substance abuse screening before any offer of employment is made.