



WELCOME TO SARATOGA LIQUOR CO., INC.

Thank you for this occasion to consider, with you, the possibility of employment with Saratoga Liquor Company. We are an equal opportunity employer and think you will find that our salary, benefit and personal development programs are most progressive. We believe that we enjoy this high quality employee relationship and continue to be the leader of our industry because of the interest of our people in providing the best service to our customers with genuine "Good Neighbor" service. We are pleased to have the opportunity to review your qualifications for employment consideration.

Please complete the attached application for employment, and attach a current resume if applicable.

It is our company policy that any employment offers made will be contingent upon the results of a drug and alcohol screening, physical, a criminal background and a credit check. These will be paid for by Saratoga Liquor Company. If an offer is made, additional information will be provided in regards to these checks and additional information will be required.

We are an Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

POSITION(S) DESIRED _____ **Date of Application** _____

NAME _____
LAST FIRST M.I. SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
STREET (AREA CODE) TELEPHONE
CITY STATE ZIP CODE

PERMANENT ADDRESS _____
IF DIFFERENT FROM ABOVE STREET (AREA CODE) TELEPHONE
CITY STATE ZIP CODE

DRIVERS LICENSE STATE AND NUMBER _____
E-MAIL ADDRESS (IF AVAILABLE) _____
CELL PHONE NUMBER (IF AVAILABLE) _____
DATE AVAILABLE FOR EMPLOYMENT _____

PLEASE INDICATE YES OR NO TO THE FOLLOWING QUESTIONS

DO YOU HAVE ACCESS TO A CAR? YES NO
ARE YOU AVAILABLE FOR FULL TIME EMPLOYMENT? YES NO
DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
IF APPLYING FOR A FULL-TIME WAREHOUSE OR DRIVER POSITION, DO YOU HAVE A VALID C.D.L. LICENSE? YES NO
ARE YOU AT LEAST 18 YEARS OF AGE? YES NO
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO
ARE YOU CURRENTLY EMPLOYED? YES NO
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO
HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES NO
IF YES, PLEASE EXPLAIN:

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO
(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT) IF YES, PLEASE DESCRIBE:

ARE YOU CURRENTLY UNDER INVESTIGATION BY ANY LAW ENFORCEMENT AGENCY FOR A CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN: YES NO

HAS ANY LICENSE OR PERMIT ISSUED (UNDER THE ALCOHOLIC BEVERAGE CONTROL LAWS OF THIS STATE OR ANY OTHER STATE OR COUNTY) TO YOU AS AN INDIVIDUAL MEMBER OF A PARTNERSHIP (OR TO ANY CORPORATION FOR WHICH YOU WERE AN OFFICER, DIRECTOR OR MAJOR STOCKHOLDER) EVER BEEN REVOKED, CANCELED, SUSPENDED OR OTHERWISE INVOLUNTARILY TERMINATED; OR HAS ANY OTHER PENALTY BEEN IMPOSED IN CONNECTION THEREWITH AT ANY TIME? YES NO

DO YOU HAVE ANY INTEREST AS AN INDIVIDUAL MEMBER OF A PARTNERSHIP OR OTHER BUSINESS ENTITY, OR AS AN OFFICER, DIRECTOR OR MAJOR STOCKHOLDER OF A CORPORATION, IN ANY PREMISES FOR WHICH A LICENSE PERMIT IS HELD UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW IS REQUIRED? YES NO

EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	COURSE OF STUDY	DIPLOMAS, DEGREES OR CREDITS EARNED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
GRADUATE STUDY			

Please describe any specialized training, apprenticeships and extra curricular activities you feel may be helpful in considering your application:

Please list any professional trade, business or civic activities and office held:

WORK EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	
Name & Title of Supervisor:				Hourly Wage/Salary:
Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:			Reason for Leaving:	

Name & Title of Supervisor:		Hourly Wage/Salary:	
Dates		Name of Employer and Address	
From			
To			
		(Area Code) Telephone:	
Work Performed:		Reason for Leaving:	
Name & Title of Supervisor:		Hourly Wage/Salary:	

If you need to provide additional information, please use space below

REFERENCES

Please give name, address and telephone number of three references who are not related to you.

NAME	ADDRESS	TELEPHONE

Please use this page for any additional information:	

Public Law #91-508 requires that we advise you that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as business associate, family members, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request concerning the nature and scope of this investigation. Misrepresentation or omissions of facts called for in this application will be cause for separation from the service of the Company. I understand that my employment is conditional upon satisfactory replies from my references, acceptance by the bonding company, and issuance to me of any licenses or permits that may be required for the position for which I am applying.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that falsification of information contained herein will result in cancellation of this application and, if already employed, shall be sufficient reason for termination of employment.

Date

Name of Applicant

Signature