

Fine Wine & Spirits since 1934
3215 James Day Avenue - Superlor, WI 54880
715-394-4487 - 800-472-6923

## 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.

## APPLICATION FOR EMPLOYMENT (PLEASE PRINT OR TYPE)

Position(s) Desired		Date of Application					
Name							
	LAST	FIRST	M.I.	SOCIAL SECU	RITY NU	MBER	
Hannonsum Annonno							
PRESENT ADDRESS		STREET		(AREA CODI	E) TELEP	HONE	
		CITY	STATE	ZIP Co	DE		
		CILI	JINIL	22 00	,,,,,		
PERMANENT ADDRESS							
IF DIFFERENT FROM ABOVE		STREET			(AREA CODE) TELEPHONE		
		Спу	State	Zip	CODE	-	
DRIVERS LICENSE STAT	E AND NUMBER						
E-MAIL ADDRESS (IF AV			•		<del> </del>		
CELL PHONE NUMBER (							
DATE AVAILABLE FOR E	EMPLOYMENT						
				-			
	PLEASE INDIC	ATE YES OR NO TO TH	E FOLLOWING QUESTION	<b>4</b> S			
DO YOU HAVE ACCESS TO A C	:AR?				YES	☐ No	
ARE YOU AVAILABLE FOR FULL TIME EMPLOYMENT?					YES	☐ No	
DO YOU HAVE A VALID DRIVE	ER'S LICENSE?				YES	☐ No	
IF APPLYING FOR A FULL-TIME	E WAREHOUSE OR D	RIVER POSITION, DO YOU	HAVE A VALID C.D.L. LICENS	SE?	YES	☐ No	
ARE YOU AT LEAST 18 YEARS OF AGE?  YES  YES						☐ No	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  YES						☐ No	
ARE YOU CURRENTLY EMPLOYED?						☐ No	
MAY WE CONTACT YOUR PRE	SENT EMPLOYER?				YES	☐ No	
CAN YOU TRAVEL IF THE JOB					YES	☐ No	
HAVE YOU EVER HAD ANY JO	B-RELATED TRAINI	ng in the United State	S MILITARY?		YES	☐ No	
IF YES, PLEASE EXPLAIN:							
HAVE YOU BEEN CONVICTED	OF A FELONIA WEEK	DITUELACT 7 VEADC?			Vro	□ No	
(CONVICTION WILL NOT NECE			NT) IF YES, PLEASE DESCRIE	3E:	YES	∐ No	
(Contraction of the Contraction							
ARE YOU CURRENTLY UNDER OFFENSE? IF YES, PLEASE EX		ANY LAW ENFORCEMEN	T AGENCY FOR A CRIMINAL		YES	☐ No	
OILEGOD. Trent trent to the							

NY OTHER S ORPORATIO EVOKED, CA	STATE OR COU ON FOR WHICH ANCELED, SUS	MIT ISSUED (UNDER THE ALCOHOLIC BEV NTY) TO YOU AS AN INDIDUAL MEMBER YOU WERE AN OFFICER, DIRECTOR OR M PENDED OR OTHERWISE INVOLUNTARILY I CONNECTION THEREWITH AT ANY TIME	OF A PARTNERSH AJOR STOCKHOL 'TERMINATED; C	IP (OR TO ANY DER) EVER BEEN	₹ 🔲	YES	□ No
O YOU HAV R AS AN OF	'E ANY INTERI FICER, DIRECT	EST AS AN INDIVIDUAL MEMBER OF A PAI FOR OR MAJOR STOCKHOLDER OF A CORP NDER THE ALCOHOLIC BEVERAGE CONT	RTNERSHIP OR OT ORATION, IN ANY	PREMISES FOR WHICH		YES	□ No
		EDUCATIONAL	L BACKGRO	DUND			
		SCHOOL OR INSTITUTION AN	D LOCATION	Course of study		DEGR	OMAS, EES OR S EARNED
High Sc	HOOL						
Collegi	E/Universi	ГҮ				*	
Collegi	e/Universi	ТҮ					
GRADUA	TE STUDY						
Please li	st any profes	sional trade, business or civic activi	ties and office	held:			
		(PRESENT OR M	K EXPERIE	ST)			
	Dates Name of Employer and Address Y			Your Tit	ie		
From	_~~				1		
То		(Area Code) Telephone:					
		Work Performed:		Reason for Lea	ving:		
	Title of			Hourly			
The state of the s	visor: Dates	Name of Emp	loyer and Addre	Wage/Salary:		Your Tit	le
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		(Alea Code) Telephone.					

Work Performed:			Reason for	Leaving:		
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Name & Super	Title of visor:				Hourly Wage/Salary:	
	Dates		Name of Employ	er and Address	3	Your Title
From						
То		(Area Code	Telenhone:			
(Area Code) Telephone: Work Performed:			) reteptione.		Reason for	Leaving:
	Title of				Hourly	
Super	visor:	10	to provide additional in	-6	Wage/Salary:	a la uni
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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