



Wilson County
Alcoholic Beverage Control
Board
wilson.ncabcboards.com

EMPLOYMENT APPLICATION

PLEASE RETURN OR MAIL COMPLETED APPLICATION TO:

**WILSON COUNTY ABC BOARD
2612 FOREST HILLS ROAD SW
WILSON, NC 27893**

WE ARE LOCATED NEXT TO THE FOREST HILLS ABC STORE.

"Providing 83 years of Control, Service and Revenue in Wilson County"

WILSON COUNTY ALCOHOLIC BEVERAGE CONTROL BOARD
2612 FOREST HILLS ROAD S.W.
WILSON, NC 27893

MINIMUM QUALIFICATIONS

APPLICANTS MUST HAVE A CLEAR RECORD, BE BONDABLE, AND BE 21 YEARS OF AGE OR OLDER. THEY MUST BE IN GOOD PHYSICAL CONDITION AND GOOD HEALTH, BE A U.S. CITIZEN AND A HIGH SCHOOL GRADUATE. A HIGH SCHOOL EQUIVALENCY CERTIFICATE IS ACCEPTABLE. IN EXCEPTIONAL CASES, THE WILSON COUNTY ABC BOARD MAY ACCEPT AN EQUIVALENT COMBINATION OF EDUCATION AND EXPERIENCE. WHEN AN APPLICANT DOES NOT MEET THE SPECIFIED REQUIREMENTS, BUT WISHES TO QUALIFY UNDER AN EQUIVALENT COMBINATION OF EDUCATION AND EXPERIENCE, HE/SHE MUST SUBMIT A LETTER TO THE COUNTY ABC BOARD REQUESTING SUCH CONSIDERATION AND INCLUDING REASONS WHY THEY BELIEVE THE WILSON COUNTY ABC BOARD SHOULD GIVE THIS REQUEST FAVORABLE CONSIDERATION.

DUTIES AND RESPONSIBILITIES

RESPONSIBLE TO AN IMMEDIATE SUPERVISOR AND/OR TO THE BOARD'S GENERAL MANAGER AND THROUGH HIM OR HER TO THE WILSON COUNTY ABC BOARD. THE COUNTY ABC STORE CLERK-SALESPERSON SHALL BE RESPONSIBLE, WORKING ON A ROTATING SHIFT BASIS OR OTHER SHIFT BASIS AS DIRECTED AT ONE OR MORE COUNTY ABC STORES OR WAREHOUSE DURING A REGULAR WORK WEEK AS ASSIGNED, FOR RENDERING PROMPT AND COURTEOUS SERVICE TO THE PUBLIC; FOR ANSWERING INQUIRIES OF CUSTOMERS AS TO THE TYPE AND PRICES OF VARIOUS ALCOHOLIC BEVERAGES, FOR FILLING CUSTOMER ORDERS; FOR MAKING ACCURATE COMPUTATIONS OF GOODS SOLD AND KEEPING AN ACCURATE RECORD OF SALES; FOR OPERATING A CASH REGISTER; FOR PACKAGING MERCHANDISE, FOR UNLOADING STOCK FROM DELIVERY TRUCKS, STOCKING SHELVES, AND DUSTING MERCHANDISE, FOR HELPING TO PREPARE DAILY SUMMARIES OF SALES AND MAINTAINING AN ACCURATE INVENTORY OF STOCKS; FOR ASSISTING IN THE PREPARATION OF OTHER REPORTS; AND FOR PERFORMING RELATED DUTIES AS REQUIRED. THE COUNTY ABC STORE CLERK-SALESPERSON SHALL BE ACCOUNTABLE FOR ANY SHORTAGE IN THE STOCK AND IN THE MONEY HE/SHE HANDLES.

PERFORMANCE OF DUTIES

TRAINEES MUST SUCCESSFULLY COMPLETE HIS OR HER TRAINING DURING THEIR (3) MONTH TRAINING/PROBATIONARY PERIOD. THE MANAGER MUST APPROVE THEM FOR PERMANENT EMPLOYMENT. WITHOUT THIS APPROVAL, HIS OR HER SERVICES WITH THIS BOARD WILL BE TERMINATED. BY THE END OF THE (3) MONTH PROBATIONARY PERIOD A CLERK MUST BE ABLE TO SUCCESSFULLY PERFORM THE FOLLOWING DUTIES:

1. MUST BE PHYSICALLY ABLE TO LIFT AND MOVE HEAVY OBJECTS IN THE PERFORMANCE OF THEIR WORK.
2. MUST BE CAPABLE OF WORKING IN ANY OF THE ABC STORES IN WILSON COUNTY AND THE WAREHOUSE.
3. MUST HAVE THE ABILITY TO UNDERSTAND AND CARRY OUT ORAL AND WRITTEN INSTRUCTIONS.
4. MUST HAVE GOOD GENERAL INTELLIGENCE.
5. MUST BE ABLE TO DEAL COURTEOUSLY, TACTFULLY, AND EFFECTIVELY WITH THE PUBLIC.
6. MUST BE PROFICIENT IN THE USE OF A CASH REGISTER AND ADDING MACHINE.
7. MUST HAVE THE ABILITY TO MAKE ACCURATE AND RAPID COMPUTATION.
8. MUST HAVE A THOROUGH KNOWLEDGE OF THE VARIOUS TYPES AND BRAND NAMES OF ALCOHOLIC BEVERAGES.

APPLICANT'S SIGNATURE

**WILSON COUNTY ALCOHOLIC BEVERAGE CONTROL BOARD
APPLICANT CONTROL RECORD**

**FOR EQUAL EMPLOYMENT STATISTICAL
INFORMATION ONLY**

IN ORDER TO COMPLY WITH THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION'S REPORTING REQUIREMENTS AND FOR ADDITIONAL STATISTICAL PURPOSES THE FOLLOWING INFORMATION IS BEING REQUESTED. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL IN NO WAY BE USED IN DETERMINING YOUR SUITABILITY FOR EMPLOYMENT WITH WILSON COUNTY ABC BOARD. THIS CARD IS KEPT SEPARATE BY THE PERSONNEL DEPARTMENT SO THAT IT WILL NOT AFFECT THE SELECTION PROCESS.

NAME: _____ DATE OF APPLICATION _____
(LAST) (FIRST) (MIDDLE)

WHO REFERRED YOU TO THE WILSON COUNTY ABC BOARD: _____

SEX: ____ MALE ____ FEMALE ____ HANDICAPPED BIRTHDATE _____
RACE: ____ AMERICAN INDIAN ____ BLACK ____ ASIAN AMERICAN
____ SPANISH SURNAMED AMERICAN ____ WHITE ____ OTHER _____

DRIVERS LICENSE# _____

STATE OF _____

—

**WILSON COUNTY ALCOHOLIC BEVERAGE CONTROL BOARD
2612 FOREST HILLS RD. SW
WILSON, NC 27893
252-243-2456**

PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK

**I UNDERSTAND THAT AS REQUIRED BY THE WILSON COUNTY ABC BOARD,
ALL PROSPECTIVE EMPLOYEES MUST SUBMIT TO A CRIMINAL
BACKGROUND CHECK.**

**THE RESULTS OF THE BACKGROUND CHECK WILL BE MAINTAINED BY THE
COMPANY, AND WILL NOT BE RELEASED TO ANY ADDITIONAL PARTIES
WITHOUT MY WRITTEN AUTHORIZATION.**

I HEREBY AGREE TO SUBMIT TO A CRIMINAL BACKGROUND CHECK.

APPLICANT'S NAME (PRINT)_____

APPLICANT'S SIGNATURE_____

DATE_____

WILSON COUNTY ALCOHOLIC BEVERAGE CONTROL BOARD
2612 FOREST HILLS ROAD SW
WILSON, NC 27893

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I UNDERSTAND THAT AS REQUIRED BY THE WILSON COUNTY ABC BOARD,
ALL PROSPECTIVE EMPLOYEES MUST SUBMIT TO A CONTROLLED
SUBSTANCE TEST.

A URINE SAMPLE WILL BE COLLECTED AND TESTED FOR CONTROLLED
SUBSTANCE.

I ALSO UNDERSTAND THAT IF I TEST POSITIVE FOR USE ON CONTROLLED
SUBSTANCE, I AM NOT MEDICALLY QUALIFIED TO WORK FOR THIS
COMPANY.

THE COMPANY AND OR THE COMPANY'S DRUG PROGRAM COORDINATOR
WILL MAINTAIN THE RESULTS OF THE DRUG TEST. THE RESULTS WILL
NOT BE RELEASED TO ANY ADDITIONAL PARTIES WITHOUT MY WRITTEN
AUTHORIZATION.

I HEREBY AGREE TO SUBMIT TO A DRUG SCREENING URINALYSIS

APPLICANT'S NAME (PRINT) _____

APPLICANT'S SIGNATURE _____

DATE _____

Wilson County Alcoholic Beverage Control Board

2612 Forest Hills Road, SW
Wilson, North Carolina 27893

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

This application form is designed to protect individual rights and privacy and to insure equal employment opportunity
All questions are considered important for employment and no other use is intended for the information you submit.

Date _____

(PRINT)

Name _____ Social security No. _____
LAST FIRST MIDDLE

Address _____

Phone: Home _____ Business _____ Cell _____

Are you 21 years of age or older? ☐ YES ☐ NO Drivers License _____

State of _____

Position(s) applied for _____

What Business Machines can you operate? _____

When will you be available for employment? _____ Are you seeking: Full-time work ☐
Part-time work ☐
Temporary work ☐

Are you related by blood or marriage to any person now employed by Wilson County ABC Board? If "Yes", give name and relationship. _____ Yes ☐ No ☐

Do you have any physical limitations that would prevent your effectively performing the job for which you are applying? If "Yes", explain _____ ☐ ☐

May inquiry be made of your present employer regarding your character, qualifications, etc.? ☐ ☐

BOND IS REQUIRED FOR ALL WILSON COUNTY ABC EMPLOYEES:

Have you ever been convicted of any offense other than minor traffic violations: _____ ☐ ☐

If yes, explain _____

Education — Give your complete educational history below:

High School	Name	Location	Ending Date	Circle highest school year completed? 1 2 3 4 5 6 7 8 9 10 11 12											
Did you either graduate from high school or pass the High School Equivalency Test? Yes <input type="checkbox"/> No <input type="checkbox"/>															
Education Beyond High School	Name and Location	Attended		Circle Number Years Completed	Credit Hours	Did You Graduate?	Degree or Diploma and Year Received	Major Subject							
		From Mo. Yr.	To Mo. Yr.												
College or University				1 2 3 4											
Graduate or Professional				1 2 3 4											
Other Education, Internships, etc.				1 2 3 4											

PAID EMPLOYMENT RECORD — Answer questions for each period of employment. Include military service. Failure to give complete information may result in rejection of your application. Begin with your present or past position. If more space is needed use a continuation sheet.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ No. employees supervised by you _____
 Name of employer _____ Address _____ Phone _____

Duties _____

Date Employed		
Date Separated		
Full-Time	Years	Months

Reason for leaving _____

B. Title of next position _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ No. employees supervised by you _____
 Name of employer _____ Address _____ Phone _____

Duties _____

Date Employed		
Date Separated		
Full-Time	Years	Months

Reason for leaving _____

C. Title of next position _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ No. employees supervised by you _____
 Name of employer _____ Address _____ Phone _____

Duties _____

Date Employed		
Date Separated		
Full-Time	Years	Months

Reason for leaving _____

Please complete an Employment Continuation Sheet if you have additional paid or unpaid work experience.

REFERENCES: In listing references, list persons who are not related to you who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors you will list under Employment Records above.

(A) Name _____ Address _____ Phone _____

(B) Name _____ Address _____ Phone _____

(C) Name _____ Address _____ Phone _____

CERTIFICATION OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following **AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application for employment to provide Wilson County ABC Board any information requested.

Applicant's Signature _____

Date _____

THIS SPACE IS NOT TO BE FILLED IN BY APPLICANT

Date of Personal Interview _____ Interviewed by _____

Remarks _____

EMPLOYED: Effective Date: _____ Department _____ Salary _____

D. Title of next position _____ Starting salary _____ Last salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Name of employer _____ Address _____ Phone _____

Date Employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months

Duties _____

Reason for leaving _____

E. Title of next position _____ Starting salary _____ Last salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Name of employer _____ Address _____ Phone _____

Date Employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months

Duties _____

Reason for leaving _____

F. Title of next position _____ Starting salary _____ Last salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Name of employer _____ Address _____ Phone _____

Date Employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months

Duties _____

Reason for leaving _____

G. Title of next position _____ Starting salary _____ Last salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Name of employer _____ Address _____ Phone _____

Date Employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months

Duties _____

Reason for leaving _____

CERTIFICATION OF APPLICANT

I hereby certify that all answers and statements in this application are true. I am aware that should investigation disclose misrepresentation or falsification, I may be dismissed and disqualified for further employment.

Date _____

Applicant's Signature _____