

## FRANKLIN ABC BOARD

P.O. Box 719 Franklin, NC 28734 828-369-9247

## **Employment Application**

		Applicant	Information		
Full Name:			Date:		
	Last	First	M.I.		
Address:					
	Street Address		Apartment/Unit #		
	City		State ZIP Code		
Phone:			Email		
Date Available: Social Security No.:_			Date of Birth:		
Position Ap	plied for:				
Are you a c	itizen of the United State	YES NO	YES NO If no, are you authorized to work in the U.S.? ☐ ☐		
Have you e	ever been convicted of a	YES NO felony?			
If yes, expla	ain:				
Are you nov		related in any way to a	an employee of the Town of Franklin?		
If yes, pleas	se give name and relation	nship:			
		Educ	cation		
High Schoo	l:	Address	s:		
From:	To:	Did you graduate?	YES NO Diploma:		
College:		Address	s:		
From:	To:	Did you graduate?	YES NO Degree:		
Other:		Address	s:		

Refer	rences		
Please list two professional references.			
Full Name:	Relationship:		
Company:			Phone:
Address:		SAME PROPERTY.	
Full Name:			Relationship:
Company:			Phone:
Address:			
Previous E	mploym	ent	
Company:			Phone:
Address:			Supervisor:
Job Title: Starting S	Salary:\$		Ending Salary:\$
Responsibilities:			
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES	NO 🗆	
Compone			Phone:
Company: Address:			Supervisor:
	. <u></u>		
Responsibilities:			
From: To:	To: Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES	NO	
Disclaimer a			
I certify that my answers are true and complete to the be investigation of my record herein.	st of my l	knowledge a	and authorize a background
If this application leads to employment, I understand that interview may result in my release.	t false or i	misleading i	nformation in my application or
Signature:			Date: