



Employment Application
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Please sign and date the application, print clearly, and provide all information requested.

Name:
Address:
City/State/Zip:
Email: Mobile Phone: SSN:

How did you hear about employment opportunities at our Company?
Have you been employed here before? If yes, when?
Were you referred by a current GSD employee? If yes, whom?

Position Applying For: Location Applying For:

What type of work are you willing to accept? [] Full-Time [] Part-Time

On what date would you be available to begin work?

Desired Salary?

Can you perform the basic functions of the position for which you are applying with or without reasonable accommodation? [] Yes [] No

List any special training or skills that would be of special benefit in the job for which you are applying:

Are you legally authorized to work in the United States? [] Yes [] No

Are you at least 21 years of age? [] Yes [] No

Would you be willing to undergo a post-offer drug test and/or medical examination? [] Yes [] No

Would you be willing to undergo a post-offer background check and credit history check? [] Yes [] No

Have you ever been convicted of a crime? This includes a plea of guilty or non-contest which resulted in a criminal conviction. Please exclude misdemeanor convictions for marijuana related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and/or misdemeanor convictions for which probation was successfully completed or otherwise discharged or dismissed. [] Yes [] No

If yes, please describe the nature of the crime(s), the date and place of the conviction(s), and the legal disposition(s) of the case(s):

We will not deny employment to any applicant solely because the person has been convicted of a crime. We may consider such factors as the nature, date, and circumstances of the conviction, as well as whether the conviction is relevant to the duties of the position applied for by the applicant.

Table with 5 columns: Name & Location of School, Course of Study, Graduated?, Degree/Diploma. Rows include High School, College, Graduate School, and Other.

PERSONAL REFERENCES

Name: Mobile Phone:

Address:

City/State/Zip:

Name: Mobile Phone:

Address:

City/State/Zip:

Name: Mobile Phone:

Address:

City/State/Zip:

GOOD SPIRITS DISTRIBUTING

EMPLOYMENT EXPERIENCE

Please list all your previous employers, with the most recent employer first. You must provide this information even if your resume has been submitted. Please provide all information requested and attach additional pages if necessary. You must indicate the reason for leaving your previous employers.

Employer: _____	Location: _____
Supervisor: _____	Phone: _____
Job Title: _____	Hourly Rate/Salary: _____ Starting: _____ Final: _____
Work Performed: _____	
Reason for Leaving: _____	Dates Employed: From: _____ To: _____

Employer: _____	Location: _____
Supervisor: _____	Phone: _____
Job Title: _____	Hourly Rate/Salary: _____ Starting: _____ Final: _____
Work Performed: _____	
Reason for Leaving: _____	Dates Employed: From: _____ To: _____

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Job Title: _____	Hourly Rate/Salary: _____ Starting: _____ Final: _____
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Employer: _____	Location: _____
Supervisor: _____	Phone: _____
Job Title: _____	Hourly Rate/Salary: _____ Starting: _____ Final: _____
Work Performed: _____	
Reason for Leaving: _____	Dates Employed: From: _____ To: _____

May we contact your current employer? **Yes** **No**
If no, please explain: _____

Have you ever been terminated or asked to resign from any job? **Yes** **No**
If yes, please explain the circumstances: _____

PERIODS OF UNEMPLOYMENT

Please identify and explain all significant periods of unemployment (more than 90 days) for the past ten years. Attach additional pages if necessary. You may exclude any information which would reveal any protected class status.

From:	To:	Reason for Unemployment

Certification

By signing this application, I hereby agree as follows:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and agree to have any of the information verified by our Company. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I authorize the references listed above, as well as all other individuals whom our Company contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by our company or any of its agents, employees, or representatives.

I understand that any offer of employment is conditioned upon proof of identity, proof of legal authority to work in the United States, a satisfactory completion of my background and reference check, and the satisfactory completion of post-offer medical examination and/or drug test.

BY SIGNING THIS APPLICATION, I AGREE THAT IF I AM HIRED, MY EMPLOYMENT WITH OUR COMPANY CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF OUR COMPANY. IF HIRED, I FURTHER AGREE THAT NO EMPLOYEE OF OUR COMPANY HAS THE AUTHORITY TO MODIFY THE AT WILL EMPLOYMENT POLICY, EXCEPT FOR THE CEO OF OUR COMPANY, AND THAT ANY MODIFICATION TO THE AT WILL EMPLOYMENT POLICY MUST BE IN A WRITTEN AGREEMENT SIGNED BY BOTH THE EMPLOYEE AND THE CEO OF OUR COMPANY.

PRINT NAME

SIGNATURE

DATE