

IDAHO STATE
LIQUOR
DIVISION

APPLICATION FOR EMPLOYMENT

NAME: _____ **SOCIAL SECURITY #** _____
(First, Middle, Last)

MAILING ADDRESS: _____ **DATE OF BIRTH:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL ADDRESS: _____ **PHONE:** _____ **CELL PHONE:** _____

Will you willing to commute within 25 miles of your residence? _____ Yes [] No []

Are you now receiving a pension or retirement benefit from the Public Employees Retirement System (**PERSI**), Idaho Teachers' Retirement System, Idaho Judges' Retirement System, Idaho Department of Labor Retirement System or any other political subdivision of the State of Idaho? _____ Yes [] No []

Do you presently hold a political office in the State of ID to which you were elected? _____ Yes [] No []

Have you ever been employed by the State of Idaho or contributed to the Public Employees Retirement System (**PERSI**)? _____ Yes [] No []
Agency formerly employed at? _____ Date _____

Have you ever been employed by the Idaho Liquor Division? _____ Yes [] No []

Location: _____

Do you have any relatives or know anyone presently employed by the Liquor Division? _____ Yes [] No []

Name: _____ Relationship _____ Location _____

All Idaho State Liquor Stores are open 6 days per week including Saturday, many are open 7 days per week, including Sunday. If hired as a Liquor Store employee are you willing to work this type schedule? Yes [] No []

Some positions require constant handling of cases of liquor weighing approximately 50 pounds, unloading trucks, dealing with the public and standing for extended periods of time. Are you able to perform these functions with or without accommodation? _____ Yes [] No []

I certify that I am a U.S. Citizen, permanent resident or a Foreign National with authorization to work in the United States. _____ Yes [] No []

I certify that I am in compliance with the Selective Service Act. _____ Yes [] No []

Are you a Military Veteran? _____ Yes [] No []

Have you ever been convicted or entered a plea of guilty, no contest, or had a withheld judgment to a felony or a misdemeanor? _____ Yes [] No []

If YES, please explain. _____

	For Store Manager only...	
Temporary Position? Yes [] No []	Store # _____	Date Started _____
Classified Position? Yes [] No []	Hiring List # _____	PCN# _____

FEDERAL LAW REQUIRES A COMPLETED I-9 FORM IF HIRED

(Please take application to the Liquor Store you are applying at, DO NOT mail or fax)

IDAHO LIQUOR DIVISION
EMPLOYMENT APPLICATION

EDUCATION Do you have a High School Diploma or GED Certificate? Yes [] No []
High School: _____ Last grade completed _____

Schools attended after High School or Special Training Completed

School:	From:	To:	Did you graduate? Yes [] No []
Location:			Type of degree or Diploma
College:	From:	To:	Did you graduate? Yes [] No []
Location:			Type of degree or Diploma
Special Qualifications:			Licensing:

EMPLOYMENT HISTORY: List below your work history (including pertinent volunteer work) beginning with your present or most recent position emphasizing your specific tasks and supervisory, technical, and other responsibilities. Please be specific in describing experience relating to the position for which you are applying.

Employer's Name and Address	May we contact? () YES () NO	Title	From: Mo/Yr	To: Mo/Yr
Duties: (Be specific)		Supervisor's Name		Phone #
Reason for leaving:			Starting Salary	Ending Salary
Employer's Name and Address	May we contact? () YES () NO	Title	From: Mo/Yr	To: Mo/Yr
Duties: (Be specific)		Supervisor's Name		Phone #
Reason for leaving:			Starting Salary	Ending Salary
Employer's Name and Address	May we contact? () YES () NO	Title	From: Mo/Yr	To: Mo/Yr
Duties: (Be specific)		Supervisor's Name		Phone #
Reason for leaving:			Starting Salary	Ending Salary

By signing below, I certify that all statements on this application are true and complete to the best of my knowledge. I understand that should investigation disclose any untruthful or misleading answers, my application may be rejected and my employment with the Idaho Liquor Division terminated.

****Temporary Appointments****

I understand that if I am appointed to a temporary position, it will not exceed 19 hours per week and as such will not include employee benefits such as vacation, sick leave and holiday pay.

SIGNATURE: _____ **DATE:** _____
Current Year W-4 attached. Yes [] No []