Application for Employment

***ALL APPLICANTS THAT ARE SELECTED FOR EMPLOYMENT MUST COMPLETE STATE & FEDERAL BACKGROUND CHECKS AND MUST BE FINGERPRINTED AND APPROVED BY THE ALCOHOL BEVERAGE CONTROL. APPLICANTS MUST BE 21 YEARS OF AGE OR OLDER. ***

PERSONAL INFORMATION				
Name: Last	First		Middle Initial	
Address:				
Street		City	State	Zip
Home Phone:	Cell Phone:			
E-mail Address:			-	
Are you 21 years of age, or over? Ye	es [] No []			
Are you authorized to work in the Un	ited States and can you provide	e proof of employme	ent eligibility? Yes [] N	lo []
Have you ever been convicted of a fe	elony, misdemeanor or received	I deferred adjudicat	ion? Yes [] No []	
If yes, please explain (please provide	attachment if additional space	is needed):		
Answering "yes" to this question will individualized assessment of your ca Arkansas Department of Finance and	ndidacy, subject to approval by	• •	•	of the
Have you ever been discharged or re	esigned in lieu of discharge fron	n employment? Yes	[] No []	
If yes, please explain (please provide	attachment if additional space	is needed):		
Do you currently have a non-compete, confidentiality, or other agreement with any facility that may affect your employment with us? Yes [] No []				
Are you willing to sign a non-compete Yes [] No []	e, confidentiality, or other agree	ment as a condition	n of your employment?	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes [] No []				

EMPLOYMENT DESIRED				
Position(s) for which yo	u are applying:			
1st Preference:		_ 2nd Preferer	nce:	
Date you can start:			Salary Expectations:	
Please indicate which status you are willing to work:		Full-time []	Part-time [] Weekends []	
Are you currently emplo	oyed? Yes[]No[]			
May we contact your cu	urrent employer? Yes [] No	[]		
If no, please explain:				
		EDITO A TION		
		EDUCATION		
EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				
		SKILLS		
Please list any skills you	u currently possess (include	data entry, con	nputer skills/software,etc.):	
Use this space to give ι	us other information about yo	our personal qu	alities, work style, interpers	onal skills, etc.:

EMPLOYMENT HISTORY				
CURRENT OR LAST EMPLOYER:				
Address				
	Dates of Employment/ To/			
Type of Business	Starting Salary Ending Salary			
Position & Duties				
Supervisor				
Reason for leaving				
NEXT PREVIOUS EMPLOYER:				
Address				
Phone	Dates of Employment/ To/			
Type of Business	Starting Salary Ending Salary			
Position & Duties				
Supervisor				
Reason for leaving				
NEXT PREVIOUS EMPLOYER:				
Address				
Phone	Dates of Employment/ To/			
Type of Business	Starting Salary Ending Salary			
Position & Duties				
Reason for leaving				

REFERENCES		
1.	yment references (Name, Company, and Phone Number):	
Please read carefully b	efore signing.	
discriminate in employment status, ancestry, age, se	equal opportunity employer. BOLD Team, LLC, does not ent with regard to race, color, religion, national origin, citizenship x (including sexual harassment), sexual orientation, marital status, ility, military status or unfavorable discharge from military service.	
consideration for employ I am hired, I understand any time and for any rea	the completion of this application nor any other part of my ment establishes any obligation for BOLD Team, LLC, to hire me. If that either BOLD Team, LLC, or I can terminate my employment at son, with or without cause and without prior notice. I understand BOLD Team, LLC, has the authority to make any assurance to the	
information on this applic BOLD Team, LLC, to con information I have provide	e below that I have given to BOLD Team, LLC, true and complete cation. No requested information has been concealed. I authorize ntact references provided for employment reference checks. If any led is untrue, or if I have concealed material information, I constitute cause for the denial of employment or immediate	
Control and the Departm	ployment is conditional upon approval from the Alcohol Beverage lent of Finance and Administration. I understand that I will be ditional forms from other agencies.	
Date	Signature	