



Importers and Wholesale Distributors of Spirits and Wine
Est. 1939
State Permit No. 1

PERSONAL INFORMATION:

Date: _____

Name: _____
Last First M.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Business Phone: _____

Email Address: _____

Social Security # _____

Driver's License # _____

Are you a U.S. Citizen? YES NO

If no, are you eligible for employment within the U.S.? YES NO

Are you at least 18 yrs. of age? YES NO

Are you at least 21 yrs. of age? YES NO

Have you ever been convicted of a felony? Yes No

If you have, what was the nature of the offense? _____

Date of conviction: _____

Location of conviction: _____

Outcome or Disposition (sentence, probation, etc.) _____

EMPLOYMENT INFORMATION:

Have you ever applied for employment with us before? Yes No
If so, when? _____ Month/Year

Do you have any relatives currently working for Lipman Brothers? Yes No
If so, who and what is their relationship to you? _____

Position you are applying for: _____

Desired pay: _____ per hour or salary expected: _____

Please check types of employment you are interested in: Full-time Part-time
 Temporary Seasonal

Are you willing to work overtime? Yes No

Date available to begin work: _____

How did you hear about Lipman Brothers? _____

EDUCATION AND TRAINING:

Name and location of School
Course of Study, Degree, #Yrs. Completed
Did you graduate?
High School: _____

College: _____

Military Training:

Rank	Branch	Occupation	Type of Discharge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Experience:

Other special training or skills (languages, machine operation, etc.....)

EMPLOYMENT HISTORY:

Company Name: _____

Address: _____

Name and Title of Supervisor: _____

Your Job Title: _____

Description of Duties: _____

Contact Number for Supervisor: () _____

Employed From: _____ To _____

Beginning Pay: \$ _____ Ending Pay: \$ _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Name and Title of Supervisor: _____

Your Job Title: _____

Description of Duties: _____

Contact Number for Supervisor: () _____

Employed From: _____ To _____

Beginning Pay: \$ _____ Ending Pay: \$ _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Name and Title of Supervisor: _____

Your Job Title: _____

Description of Duties: _____

Contact Number for Supervisor: () _____

Employed From: _____ To _____

Beginning Pay: \$ _____ Ending Pay: \$ _____

Reason for Leaving: _____

PERSONAL REFERENCES (Non-relative):

Name: _____ **Phone:** _____

Years Known: _____ **Relationship to you** _____

Name: _____ **Phone:** _____

Years Known: _____ **Relationship to you** _____

The information provided in this application for employment is correct to the best of my knowledge. If employed, any mis-information given on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to inquire about my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and addresses so I may obtain from them the nature and substance of the information contained in the report.

Lipman/R.S. Lipman Brothers is an Equal Opportunity Employer that does not discriminate on the basis of race, color, religion, creed, age, national origin, sex, or disability.

Date: _____

Signature: _____