

# STATE OF ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## Employee Information Form

Read carefully.  
**Type or print with black ink.**

NOTE: Each owner, partner, corporate stockholder, manager, and trainer of your company must complete the *Employee Information Form* as part of this application. It is the company's responsibility to keep all information included in this application current and complete with the Department of Liquor Licenses and Control.

1. Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_

2. List your residential addresses during the past five years. Attach an additional sheet if necessary.

From Month/Year	To Month/Year	Street Address	City	State	Zip

3. List your employers during the past five years. Attach an additional sheet if necessary.

From Month/Year	To Month/Year	Type of Business	Your Title	Business Name, Street Address, City, State, Zip

4. Does your current employer own an active Arizona liquor license?  Yes  No

If yes:

Name of licensee: \_\_\_\_\_

What are your current duties at the licensed establishment named above?

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7. Have you ever been arrested, convicted, cited or charged for any crime?  Yes  No

If yes, attach a sheet with details of the situation and outcome.

8. Have you ever been issued an administrative compliance action or consent order or had any administrative action taken against you for violating Title 4 (Arizona liquor law) or liquor laws in any other state?

Yes  No

If yes, attach a sheet with details of the situation and outcome.

9. Will you submit to a voluntary criminal background investigation?  Yes  No

In submitting this Employee Information Form, I agree to comply with any and all requirements of Arizona Revised Statute Title 4, Arizona Administrative Code and Department of Liquor Substantive Policy. I also affirm under penalty of perjury that to the best of my knowledge all statements in this Employee Information Form are true, correct and complete.

\_\_\_\_\_

signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

month

day

year

\_\_\_\_\_

print full name