

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. Training Company: _____

Full Name: _____

Date of Birth: _____

Title: _____

Home Street Address: _____

City: _____ Zip Code: _____

Phone number: (____) _____

Email Address: _____

2. List your current employers. Attach an additional sheet if necessary.

Type of Business	Your Title	Business Name	Street Address, City, State, Zip

3. 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?

4. 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.

5. 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.

6. 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

Date

Print full name

Authorizing Representative of the Training Company

Signature

Date

Print full name