



Employment Application

Please **TYPE** or **PRINT** clearly. To be considered for employment, this Application Form must be completed and signed personally by the applicant. Each question must be answered in full even if a resume is provided. If an answer is NO or NOT APPLICABLE, please indicate such.

ALPIN HAUS is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, genetic predisposition or carrier status, veteran status, military status, marital status, sexual orientation, pregnancy, arrest/conviction record, domestic violence victim status, or any other legally protected class or status.

Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should contact the Store Manager or the General Manager.

BIOGRAPHICAL DATA	Name (First, Middle, Last)				
	Street Address		City	State	Zip Code
	Telephone Number ()			E-Mail Address	
	Position Applied For			Salary or Hourly Wage Desired	
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime			Date Available To Start Work	
	Are you 18 years of age or older?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with Alpin Haus? If yes, give month and year ____/____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with Alpin Haus before? If yes, give dates From ____/____/____ to ____/____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
EDUCATION	If you have had an opportunity to review a job description for the position for which you are applying, are you able to perform the essential functions of this position with or without reasonable accommodation? <i>[Check either: Yes, No, or N/A (I have not had the opportunity to review a job description.)]</i>				
	Type of School Attended	Name and Location of School	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained
	High School				
	College				
Other					
SKILLS	List any additional skills, training, or technical/professional knowledge that is relevant to the job for which you are applying:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:	
	Driver's License Identification Number: (Provide the driver's license ID only if it is a requirement of the position for which you are applying)			State:	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to Application Form.

Name of Employer	Telephone Number ()
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Street Address	City	State	Zip Code
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Employment Dates (Month/Year) From ____/____/____ to ____/____/____	Starting Hourly Wage/Salary	Final Hourly Wage/Salary
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Job Title of Position	Name and Job Title of Supervisor
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Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name of Employer	Telephone Number ()
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Street Address	City	State	Zip Code
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Employment Dates (Month/Year) From ____/____/____ to ____/____/____	Starting Hourly Wage/Salary	Final Hourly Wage/Salary
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Job Title of Position	Name and Job Title of Supervisor
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Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name of Employer	Telephone Number ()
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Street Address	City	State	Zip Code
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Employment Dates (Month/Year) From ____/____/____ to ____/____/____	Starting Hourly Wage/Salary	Final Hourly Wage/Salary
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Job Title of Position	Name and Job Title of Supervisor
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Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Explain and give details of any period(s) in which you were unemployed for more than 30 days

REFERENCES List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions while your application is pending, and within seven days of receiving a conviction if currently employed.

The organization reserves the right to reject individuals for employment based on job-related convictions.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the organization. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

Please Read Carefully and Sign Below

I hereby certify that all of the information I have provided on this Application Form is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this Application Form and I understand that additional information may be obtained to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release Alpin Haus and all of its employees from all liability for any damage that may result from reliance on the information furnished.

Alpin Haus is committed to providing a drug and alcohol-free workplace. After a conditional offer of employment, I understand that a drug test will be required before starting work. I hereby consent to a urine sample collection and testing for controlled substances. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

If employed by Alpin Haus, I agree to abide by its policies, procedures, rules, and regulations. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by me or Alpin Haus at any time with or without cause or notice. I further understand that no policy, rule, or benefit contained in Alpin Haus's employee handbook, benefit plans, or other written documents should be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____