

Please Check Schedule Availability

- I am available and desire to work FULL-TIME (40 hours a week) and do not have restrictions on my hours and days.
- I am available and desire to work PART-TIME (32 hours a week or less) and have the following restrictions on my hours and days.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
To:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

Note: Work schedules are based on the needs of the business and may be subject to change on a weekly basis.

Attendance and Punctuality Information

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this company? Yes No If Yes, please explain:

Personal References

(List two individuals; not relatives or employers)

1	Name:	Occupation Business Phone:	2	Name:	Occupation Business Phone:
	Address:	Title/Relationship:		Address:	Title/Relationship:
	City, State, Zip:	How long known?		City, State, Zip:	How long known?
	Phone Number:	Alternate Phone Number:		Phone Number:	Alternate Phone Number:

Additional Experience or Qualifications:

List any other experience, skills or other qualifications including additional languages fluently spoken, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

Education Information

	Name and Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade				

Employment History

Begin with your most recent employer and continue with all past employment. (Attach additional sheet if necessary.)

1	Employer Name:	From Month Year	Starting Salary:	Job Title:	Reason for Leaving:
	Address:	To Month Year	Ending Salary:	Describe your duties:	
	City, State, Zip:				Name & Title of Immediate Supervisor:
	Phone Number:				
2	Employer Name:	From Month Year	Starting Salary:		Job Title:
	Address:	To Month Year	Ending Salary:	Describe your duties:	
	City, State, Zip:				Name & Title of Immediate Supervisor:
	Phone Number:				
3	Employer Name:	From Month Year	Starting Salary:		Job Title:
	Address:	To Month Year	Ending Salary:	Describe your duties:	
	City, State, Zip:				Name & Title of Immediate Supervisor:
	Phone Number:				
4	Employer Name:	From Month Year	Starting Salary:		Job Title:
	Address:	To Month Year	Ending Salary:	Describe your duties:	
	City, State, Zip:				Name & Title of Immediate Supervisor:
	Phone Number:				
5	Employer Name:	From Month Year	Starting Salary:		Job Title:
	Address:	To Month Year	Ending Salary:	Describe your duties:	
	City, State, Zip:				Name & Title of Immediate Supervisor:
	Phone Number:				

Important: Please Read Carefully Before You Sign

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the Company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

If employed, I agree not to engage in outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.

If employed, I agree to hold in strictest confidence any information concerning the Company, its Insureds, and its Agents which may come to my knowledge.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Alpine Shop that such employment with Alpine Shop is at will, for no specified duration and may be terminated by Alpine Shop or myself at any time with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Alpine Shop or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Alpine Shop, except the President, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Alpine Shop.

In consideration for employment with Alpine Shop, if employed, I agree to conform to the rules, regulations, policies and procedures of Alpine Shop at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Alpine Shop's business, attendance and punctuality are considered essential requirements of every job at Alpine Shop and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Alpine Shop, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Alpine Shop and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Applicant's Signature

_____/_____/_____
Date