



Chalet Party Shoppe
 Fine Wine • Spirits • Ale

Application for Employment

Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, sex, religion, age, national origin, and disability. All questions must be answered and application signed.

33 Stores in Northern Indiana

Last Name	First	Middle	Date				
Street Address		Home Phone ()					
City, State, Zip		Business Phone ()					
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month _____ Year _____ Location _____		Social Security Number					
Position Desired		Pay Expected					
How did you learn about this company?		Locations Preferred					
Are you under 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date of birth:		Are you available to work on Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you any other experience, training, qualifications or skills which you feel make you especially suited for work at this company?							
Have you ever been convicted of a felony? If so, please give charge, location and date.							
If Hired, is there anything which would prevent you from reporting to work each day on time to perform your duties?							
Please provide your hours of availability							
	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Start							
End							
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Days <input type="checkbox"/> Nights		Total Hours available per week: _____			
				Are you willing to work overtime? _____			

Employment History

Please give accurate, complete full time and part time record. Start with present or most recent employer. Include military experience if applicable. Do not indicate "see resume"

1	Company Name and mailing address	Phone
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe your work		Weekly Pay Start: End:
May we contact this employer? If not, why not?		Reason for leaving
2	Company Name and mailing address	Phone
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe your work		Weekly Pay Start: End:
May we contact this employer? If not, why not?		Reason for leaving
3	Company Name and mailing address	Phone
Job Title	Name of Supervisor	Employed (month and year) From: To:
Describe your work		Weekly Pay Start: End:
May we contact this employer? If not, why not?		Reason for leaving
Signature		
<p>I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the information provided herein, and other matters related to, as may be necessary. I hereby release employer, schools, and other persons, institutions or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire or discharge in the event of employment.</p> <p>I understand and agree that if hired, my employment is at will. I also understand that if I am hired, my employment is for no definite period of time. I may terminate my employment at any time and may be dismissed at any time with no prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or guarantee employment. I also understand that any policies or procedures implemented by the company in the event of my employment are for purposes of operations only and are not intended to be or constituted as a contract for my employment. In addition I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.</p>		
Signature: _____		Date: _____
Emergency Contact		
Name: _____		Phone _____
Address: _____		
City, State Zip: _____		

Application Addendum

1. Have you been convicted of operating a motor vehicle while intoxicated in Indiana or similar charge in any other state within the last 10 years?

Yes No

2. Are you currently serving a sentence, including any term of probation for operating a motor vehicle while in Indiana or similar crime in another state?

Yes No

3. Do you have any outstanding and unpaid tax liabilities owing to the Indiana Department of Revenue?

Yes No

4. Have you had an application for an alcoholic beverage permit or employee's permit denied, revoked or suspended within the last 5 years?

Yes No

5. Have you had a driver's license in any other state in the last 10 years?

Yes No

6. Do you understand that you will be required to have a pre-employment drug screen?

Yes No

7. Do you understand that Belmont Beverage and Chalet Party Shoppes do criminal background checks for potential new hires?

Yes No

Signature: _____

Printed Name: _____

Date: _____