

TOP GUNS



Employment Application

Full Name: _____ **Date:** _____

last

First

M.I.

Address: _____

Street Address

Apartment/Unit#

City

State

Zip Code

Phone: _____ **Email:** _____

Age: _____ **Date Available:** _____ **Desired Salary: \$** _____

Position Applied For: _____

Hourly Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start: _____ am pm	Start: _____ am pm	Start: _____ am pm	Start: _____ am pm	Start: _____ am pm	Start: _____ am pm
End: _____ am pm	End: _____ am pm	End: _____ am pm	End: _____ am pm	End: _____ am pm	End: _____ am pm

Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any controlled substance?

Circle One

Yes No

Have you ever been convicted in any court of a misdemeanor crime of domestic violence?

Yes No

Are you legally able to purchase and/or handle a firearm?

Yes No

Are you a citizen of the United States?

Yes No

(If no, are you authorized to work in the U.S) Yes No

Have you ever worked for this Company?

Yes No (If yes, When) _____

Have you ever been convicted of a felony?

Yes No

(If yes, Explain) _____

Education

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** Yes No **Diploma:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** Yes No **Diploma:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** Yes No **Diploma:** _____

References

Please list three professional references.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Previous Employment

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____

Responsibilities: _____

From: _____ **To:** _____ **Reason For Leaving:** _____

May we contact your previous supervisor as a reference: Yes No

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____

Responsibilities: _____

From: _____ **To:** _____ **Reason For Leaving:** _____

May we contact your previous supervisor as a reference: Yes No

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____

Responsibilities: _____

From: _____ **To:** _____ **Reason For Leaving:** _____

May we contact your previous supervisor as a reference: Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, Explain: _____

Special Skills & Interests

Interests: _____

Skills: _____

Qualities: _____

Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

By signing this application, I am aware that my eligibility is contingent upon a criminal background check and a negative drug screening.

Signature: _____ Date: _____

Below line is to be completed by interviewer

Interview Comments:

date: _____