

Application for Employment

U.S. Arms Company, LLC. is an equal opportunity employer and does not discriminate against applicants or employees for any reason. If hired, proof of your identity and employment eligibility in the United states must be established by appropriate documentation at the time you begin work at U.S. Arms Company.

Personal

NAME (First Name, Last)		TODAY'S DATE:		
STREET ADDRESS		CITY	STATE	ZIP
PRIMARY PHONE	<input type="checkbox"/> Home <input type="checkbox"/> Cell	OTHER PHONE	<input type="checkbox"/> Home <input type="checkbox"/> Cell	SOCIAL SECURITY NUMBER
REFERRED BY:		EMAIL		

POSITION(S) APPLIED FOR	DATE AVAILABLE TO START	ARE YOU OVER 18 YEARS OF AGE?
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? (ANSWERING YES WILL NOT AUTOMATICALLY BAR YOU FROM OBTAINING A POSITION)		
IF YES, PLEASE EXPLAIN		
HAVE YOU APPLIED TO WORK WITH US BEFORE?	IF YES, WHEN?	

ARE YOU WILLING TO WORK AN IRREGULAR SCHEDULE, OVERTIME, DIFFERENT SHIFTS, AND WEEKENDS WHEN NECESSARY? IF NO, PLEASE EXPLAIN
DO YOU HAVE ACCESS TO ADEQUATE TRANSPORTATION TO TRAVEL TO AND FROM WORK? IF NO, PLEASE EXPLAIN .

Education

NAME & LOCATION	YEARS COMPLETED	YEAR GRADUATED	MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER (PLEASE SPECIFY)			

Employment History

DD/MM/YYYY	EMPLOYER NAME/ADDRESS	SALARY	POSITION(S) HELD	SUPERVISOR
FROM		Begin \$		
TO		End \$		
Your duties: _____				Was your departure <input type="checkbox"/> voluntary or <input type="checkbox"/> involuntary?
FROM		Begin \$		
TO		End \$		
Your duties: _____				Was your departure <input type="checkbox"/> voluntary or <input type="checkbox"/> involuntary?

Revised 04/14/16

Employment History Continued

DD/MM/YYYY	EMPLOYER NAME/ADDRESS	SALARY	POSITION(S) HELD	SUPERVISOR
FROM		Begin \$		
TO		End \$		
Your duties: _____				Was your departure <input type="checkbox"/> voluntary or <input type="checkbox"/> involuntary?
FROM		Begin \$		
TO		End \$		
Your duties: _____				Was your departure <input type="checkbox"/> voluntary or <input type="checkbox"/> involuntary?

References (do not list relatives)

NAME	ADDRESS	PHONE	E-MAIL
NAME	ADDRESS	PHONE	E-MAIL
NAME	ADDRESS	PHONE	E-MAIL

U.S. Military Service

BRANCH	HIGHEST RANK ACHIEVED	DATES OF SERVICE
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In Case of Emergency Notify

NAME	PHONE	RELATIONSHIP
ADDRESS		

OTHER EXPERIENCE OR QUALIFICATIONS (Space can be used to elaborate on duties associated with positions listed above)

I authorize U.S. Arms Company to contact my present employer YES NO _____

Certification and Authorization - Please read thoroughly

I certify that all facts contained in the application are true and complete and acknowledge that the company is relying on the accuracy of the information provided. I authorize the Company to verify the accuracy of the information contained herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the Company. I also authorize the Company to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation, or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the Company. I also understand and agree that no one has the authority to promise me job security or continued employment, except the principals of the Company in a formal written agreement signed by both of us.

Signature of Applicant

Date