



APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City, State & Zip Code: _____

Phone Number: (_____) _____ Email: _____

Are you eligible to work in the United States? YES NO

Do you have experience with firearms? YES NO

If so, what is your experience?

SUNDAY YES NO

MONDAY YES NO

TUESDAY YES NO

WEDNESDAY YES NO

THURSDAY YES NO

FRIDAY YES NO

SATURDAY YES NO

HOURS AVAILABLE: FROM _____ TO _____

HOURS AVAILABLE: FROM _____ TO _____

HOURS AVAILABLE: FROM _____ TO _____

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HOURS AVAILABLE: FROM _____ TO _____

HOURS AVAILABLE: FROM _____ TO _____

What date are you available to start: _____

EDUCATION

Name and Address of School

Degree/Diploma

Skills and Qualifications: Licenses, Training and Awards

Present or Last Position: _____

Employer: _____

Address: _____

Supervisor: _____

Phone Number: (_____) _____ Email: _____

From: _____ To: _____ Salary: _____

Responsibilities:

Reason for Leaving:

Previous Position: _____

Employer: _____

Address: _____

Supervisor: _____

Phone Number: (_____) _____ Email: _____

From: _____ To: _____ Salary: _____

Responsibilities:

Reason for Leaving:

May we contact your present employers? YES NO

REFERENCES

Name/Title	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What would you consider your greatest achievement at your last place of employment?

What did you like best about your last place of employment?

What do you think of the people at your last place of employment?

What special skills and talents can you bring to our business?

Why did you apply to Magnum Shooting Center?

What do you see yourself doing three years from now?

What would your last employers say about you?

I certify that information contained in this application is true and complete. I understand that false information might be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ **Date:** _____

Resume attached: YES NO

OFFICE USE ONLY

HR Review Date: _____ **Position/Department Recommended:** _____

Department Manger Review Date: _____ **Interview Date:** _____ **Time:** _____

NOTES:
