

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**!!! Applicants !!!
Complete only pages 1-4**

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-3. Date _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____ per hour
 (Be specific)

Days/hours available to work
 No Pref _____ Thu _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

What date can you start working? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**!!! Applicants !!!
Complete only pages 1-4**

APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the **past two years** beginning with your most recently held job. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Full Address Phone number	Last Supervisor	Employment Dates	Rate of Pay
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer City, State, Zip Code Phone number	Last Supervisor	Employment Dates	Rate of Pay
		From To	Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Phone	Address City, State, Zip
---------------------------	-----------------------------

Name of employer Phone	Address City, State, Zip
---------------------------	-----------------------------

May we contact your present employer? Yes No

Physical Job
Requirements

This job may entail the following tasks:

- Lifting heavy boxes in excess of 50lbs
- Climbing ladders and steep stairs on a regular basis
- Carrying large boxes between buildings and loading boxes into a vehicle

Do you have any physical impairment that would prevent you from completing the above tasks? Yes No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Osage County Guns (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between the Company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that, at anytime during my employment, the Company may subject me to a random drug screening and that failing to pass the screening may lead to my immediate termination.

I further understand that my employment with the Company shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

The Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

APPLICANTS!!!

Do not complete this page. Page 4 is only to be completed by employees, following an offer of employment.

Employee Information Form

POST EMPLOYMENT INFORMATION FORM	
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED	
Birth date _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Rim <input type="checkbox"/> Native American	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No If married, how long? _____ <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Full name of spouse _____	Occupation _____
Name of company _____	Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
Name _____	Telephone (____) _____
Address _____	Relationship _____

**TO BE COMPLETED
BY EMPLOYER**

Date of employment _____	Job title _____	Rate of pay _____
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employee's signature acknowledging above information _____		
Name of person authorizing employment _____		