



E M P L O Y M E N T APPLICATION

APPLICANT INFORMATION										
Last Name		First Name			M.I.					
Street Address										
City			State		Zip					
Phone		Email								
Date Available			Desired Salary <input type="checkbox"/> HR <input type="checkbox"/> SAL							
Position Applied For				<input type="checkbox"/> Part-time		<input type="checkbox"/> Full-time				
Availability		Any		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<i>please check the boxes for your regular schedule availability</i>		9am-12pm								
		1pm-4pm								
		5pm-9pm								
Total desired hours per week			Do you have access to reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						Are you 21 or older?				
If you marked No, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No				
IL FOID Card Number										
Describe your firearms experience/background:										
Have you ever worked for C.I. Shooting Sports? <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, when?					
Do you have any friends or relatives that work for C.I. Shooting Sports? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, who? <i>(Name, Title)</i>						

EDUCATION

SCHOOL	NAME & LOCATION	DATES ATTENDED		MAJOR	DEGREE, CERTIFICATE OR CREDITS EARNED
		FROM	TO		
High School					
College/ University					
Other					

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain:		

REFERENCES

Please list three references that you are not related to:

Name	Relationship
Company	Phone ()
Address	
Name	Relationship
Company	Phone ()
Address	
Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT HISTORY

Company	Phone
Address	Name & Title of Supervisor
Date Started	Starting Position
Date Ended	Position upon leaving
Provide a brief description of job responsibilities:	
Reason for leaving	May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Phone
Address	Name & Title of Supervisor
Date Started	Starting Position
Date Ended	Position upon leaving
Provide a brief description of job responsibilities:	
Reason for leaving	May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company	Phone
Address	Name & Title of Supervisor
Date Started	Starting Position
Date Ended	Position upon leaving
Provide a brief description of job responsibilities:	
Reason for leaving	May we contact your previous Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Please indicate any further information that may be relevant to your ability to perform in the position for which you have applied:

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize C.I. Shooting Sports to verify their accuracy and to obtain reference information on my work performance. I hereby release C.I. Shooting Sports from any/all liability of whatever kin and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

SIGNATURE _____ **DATE** _____