



FOWLER GUN ROOM EMPLOYMENT APPLICATION

Fowler Sporting Goods (aka Fowler Gun Room) is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

*indicates required field

Applicant Details

*Date	*First Name	*Middle Name	*Last Name	Maiden Name

Applicant Address

*Street Address	*City	*State	*ZIP
*How long have you lived at your current address? (if less than 3 years, include additional addresses on reverse)			
*What is your email address?			

Job Details

*Desired Wage / Salary		*Employment Type Desired	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	*Desired Hours (weekly)	
*Work Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Work Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available to Start (Date)	
*Valid Drivers License	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have reliable transportation to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Type	
Drivers License Number		State of Issue		Expiration Date	
*Have you had any accidents during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any moving violations during the past three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

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:

Firearms Knowledge / Experience

*How would you rate your firearms proficiency:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert				
*Do you have a Concealed Pistol License (CCW)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue		Expiration Date	
*Do you have any advanced firearms training or Firearms Instructor Certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have a Certificate of Eligibility?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you have reloading experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

List training or certifications details here:

*Have you ever been in the Armed Forces:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Enlisted		Date Discharged	
Education			
High School		Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, State			
Higher Education		Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, State		Degree Type	
Higher Education		Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, State		Degree Type	

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Printed Full Name		Signature		Date	
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Additional Addresses (only if current address is less than 3 years)			
*Street Address	*City	*State	*ZIP
*How long have you lived at your current address? (if less than 3 years, include additional below)			
*Street Address	*City	*State	*ZIP