



HURON VALLEY GUNS

56477 Grand River Ave.
New Hudson, MI 48165

APPLICATION FOR EMPLOYMENT



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

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-4 and ATTACH A RESUME Date _____

Name _____
Last First Middle Maiden

Present address _____
Street Address City State Zip Code

How long have you lived at your present location _____ Social Security No. _____

Telephone _____ Email address _____

If under 18, please list age _____

Position applied for _____ and Salary desired _____ (Be specific per hour)

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

How many hours can you work weekly? _____ Can you work evenings? Yes No

Can you work weekends? Yes No When are you available for work? _____

Days/hours available to work

No Preference Mon Tue Wed Thur Fri Sat Sun

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	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.



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DO YOU HAVE A **DRIVER'S LICENSE**? Yes No

Do you have reliable transportation to work? Yes No

Driver's license number _____ State of issue _____ Expiration date _____

Type of License: Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

FIREARMS KNOWLEDGE

How would you rate your firearms proficiency: Novice Beginner Intermediate Advanced Expert

Do you have a **Concealed Pistol License**? Yes No State of issue _____ Expiration date _____

Do you have any advanced firearm training or Firearms Instructor Certifications? Yes No List below or in your resume

Details:

Please list **two references** other than relative or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (You may attach additional pages if needed)



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No
 Specialty _____ Date Entered _____ Discharge Date _____

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

Name of Employer _____ Employment dates (from) _____ (to) _____
 Address _____ Pay or Salary (start) _____ (final) _____
 City _____ State _____ Zip _____ Your last job title _____
 Telephone _____ Name of Supervisor _____

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.

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Work Experience

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

Form for work experience entry 1, including fields for Name of Employer, Address, City, State, Zip, Telephone, Employment dates, Pay or Salary, Your last job title, Name of Supervisor, Reason for leaving, and a section for listing jobs held.

Form for work experience entry 2, including fields for Name of Employer, Address, City, State, Zip, Telephone, Employment dates, Pay or Salary, Your last job title, Name of Supervisor, Reason for leaving, and a section for listing jobs held.

Form for contact permission: May we contact your present employer? ___ Yes ___ No. Did you complete this application yourself? ___ Yes ___ No. If not, who did? _____

Certification statement: I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. Applicant's Signature _____ Date _____