

Many of the questions contained within this form are required by the U.S. Department of Justice/Bureau of Alcohol, Tobacco, Firearms and Explosives. Several questions are from ATF Form 4473, which we are obligated to request you to answer. Since our business involves the production of firearms, this information is required to determine your eligibility to work for this company. Please be aware, certain information contained herein is subject to inspection by ATF officers, and is required by 18 U.S.C. § 922 and 923. Please advise us if you are uncomfortable with answering any questions, or do not wish to answer any question.

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability

READ INSTRUCTIONS BEFORE PROCEEDING

1. **Do not substitute a resume or application form for this application.** Resumes may be attached only for additional information.
2. **Print clearly in dark ink or type.** Give complete and accurate information.
3. **Any** applicant offered employment in a position will be required to take a controlled substance screening test. Employment is contingent on passing the test.
4. Employment History Section. Be specific and complete. The information provided will be used to determine if you meet the minimum qualifications.
 - List your present or most recent experience first. Include all job-related volunteer and/or unpaid experience.
 - List each job (including promotions) separately, even if it was within the same organization.
 - If you attach additional information sheet(s), include **all** of the information requested on the application: i.e., dates of experience, hours per week, etc.
5. Sign and date the application. Your signature indicates your agreement with the statements listed above it and understanding of the statements listed on this page.
6. Your application and all attachments become the property of the “Company” and cannot be returned. The incomplete or improper completion of an application may result in you not being considered for the position.

CONTACT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Maiden Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Preferred Method of Contact: _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____ Desired Salary: \$ _____

PREVIOUS RESIDENCE (5 YEARS):

Street Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CRIMINAL CONVICTIONS:

LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION

Have you ever been convicted of any misdemeanor, gross misdemeanor or felony? (You must answer yes if you have any convictions, in any state, no matter how long ago, even if they have been set aside, vacated, pardoned, expunged, dismissed or appealed, whether or not your civil rights were restored, you successfully completed probation, went to trial, entered a guilty plea or a no contest plea.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
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Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (Federal, State, or local court. <i>An information is a formal accusation of a crime by a prosecutor</i>).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
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Have you ever been convicted of any felony, or any other crime, for which the judge could imprison you for more than one year? (Federal, State, or local court.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Are you a fugitive from Justice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you been discharged from the armed forces under dishonorable conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Are you a subject to court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you ever been convicted in any court of a misdemeanor crime of domestic violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you been mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you been convicted to a mental institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Have you ever renounced your United States Citizenship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:

Have you ever been terminated or requested to resign (instead of termination) from any position? (If yes, please identify the name of the employer and explain the circumstances surrounding the severance of your employment relationship):

EDUCATION AND TRAINING: (Pursuant to State law, use of a false or misleading degree is prohibited)
College, University or Professional School:

Institution	Location	Type of Degree	Date Degree Received

High School Diploma or equivalent completed? _____

MILITARY SERVICE:

Branch: _____ From _____ to _____

Rank at Discharge _____ Type of Discharge _____

For military preference please include Form DD214

LICENSES:

Drivers License: Class _____ State _____ Expiration Date _____

EMPLOYMENT HISTORY:

Current or Previous Employer _____

Location (City, State) _____

From (month/year) _____ to _____ Total length of employment (years/months) _____

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No _____

Duties:

Reason for leaving _____

May we contact your previous supervisor for a reference? _____

.....
Employer (Company) _____

Location (City, State) _____

From (month/year) _____ to _____ Total length of employment (years/months) _____

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No _____

Duties:

Reason for leaving _____

May we contact your previous supervisor for a reference? _____

.....
Employer (Company) _____

Location (City, State) _____

From (month/year) _____ to _____ Total length of employment (years/months) _____

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No _____

Duties:

Reason for leaving _____

May we contact your previous supervisor for a reference? _____

.....
Employer (Company) _____

Location (City, State) _____

From (month/year) _____ to _____ Total length of employment (years/months) _____

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No _____

Duties:

Reason for leaving _____

May we contact your previous supervisor for a reference? _____

.....
Employer (Company) _____

Location (City, State) _____

From (month/year) _____ to _____ Total length of employment (years/months) _____

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No _____

Duties:

Reason for leaving _____

May we contact your previous supervisor for a reference? _____

.....
Employer (Company) _____

Location (City, State) _____

From (month/year) _____ to _____ Total length of employment (years/months) _____

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No _____

Duties:

Reason for leaving _____

May we contact your previous supervisor for a reference? _____

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IMPORTANT

I declare that all statements in this application and information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 284.430.
At the time of application, I attest that I have the legal right to reside and work in country (proof required upon employment).
In connection with this application, I authorize the company and any agent acting on its behalf to conduct an investigation into any information related to my potential or continued employment and authorize the release of any information, including, but not limited to, any criminal conviction record. Moreover, I hereby release the company and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Signature: _____

Date: _____