## **EMPLOYMENT APPLICATION**

Please complete the entire application.

1.	Employer Inf	ormation
Addı City/	State/ZIP:	
Telep	phone:	715-324-5130
to all	applicants and	JCEY'S GUNS & AMMO LLC to provide equal employment opportunities employees without regard to any legally protected status such as race, color, onal origin, age, disability or veteran status.
2.	Applicant Inf	ormation
Appl	icant Full Name:	·
Hom	e Address:	
-	State/ZIP:	
Num	ber of years at the	his address:
Dayt	ime phone:	Evening phone:
Mob	ile phone:	
Socia	al Security Number	per:
Drive	er's License (Sta	te/Number):
3.	Emergency (	Contact
		cted if you are involved in an emergency?
	act Name:	
Addı	ess:	
•	State/ZIP:	<u> </u>
Dayt	ime phone:	Evening phone:
4.	Job Position	Applied For:Sales/stocking & Cleaning
5.	Who referred	d you to our company?
	Do you have	any friends or relatives who work here? If yes, please list here:

6.	Are you at least 18 years old?	Yes No	•		
7.	How will you get to work?		-		
8.	Are you willing to work any shift, including nights and weekends? Yes No. If no, please state any limitations:				
9.	If you are offered employment, when woul	ld you be available to begin work	?		
10.	Applicant's Skills				
seeki	k those skills that you have. List any other sking. Enter the number of years of experience, ability for each particular skill. (One represently.)	and circle the number which corre	esponds to		
S [ [ -	] Customer service	Years of Experience	Ability or Rating 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5		
11.	Applicant Employment History				
and n	your current or most recent employment first. Failitary service) which you have held, beginning in employment. If additional space is needed,	ng with the most recent, and list an	d explain any		
Super Addre City/S Job D Reaso	State/ZIP:  Outies:  on for Leaving:				
_	oyer Name:rvisor Name:				

Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
12. Applicant's Education and Training
College/University Name and Address
Did you receive a degree? Yes No If yes, degree(s) receive
II'-1, C-1,1/CED N and Address
High School/GED Name and Address
Did you receive a degree? Ves No
Did you receive a degree? Yes No
Other Training (graduate, technical, vocational):
Other Training (graduate, technical, vocational).
<del>_</del>
Please indicate any current professional licenses or certifications that you hold:
, , , ,
Awards, Honors, Special Achievements:
Military Service:
Yes No
Branch:
Specialized Training:
12 Deferences

13. References

Address:  City/State/ZIP:			
City/State/ZIP:			
· · · ·			
Telephone:			
Relationship:			
Name:			
Address:			
City/State/ZIP:			
Telephone:			
Relationship:			
Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:			
	-		

List any two non-relatives who would be willing to provide a reference for you.

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize DUCEY'S GUNS & AMMO LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of DUCEY'S GUNS & AMMO LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVI AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND	
APPLICANT SIGNATURE	 DATE	