



**PAI**

204 EAST CHICAGO ST COLUMBIA CITY, IN 46725  
OFFICE (517)652-4670 SHOP 260-244-4570

**EMPLOYMENT APPLICATION**

Please complete the entire application using black ink.

Precision Arms of Indiana  
204 E Chicago St  
Columbia City, Indiana 46725  
260-244-4570

It is the policy of Precision Arms of Indiana to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, ethnicity, religion, gender, sexual orientation, national origin, age, disability or veteran status.

**Applicant Information**

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

**Emergency Contact**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any significant law enforcement contacts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you reside with anyone who would be prohibited from owner or possessing firearms?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Job Position Applied For: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_



Who referred you to our company? \_\_\_\_\_

Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to work any shift? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state any limitations:

\_\_\_\_\_

If you are offered employment, when would you be available to begin start? \_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what reasonable accommodation, if any, would you request?

\_\_\_\_\_

**Applicant's Skills**

Check those skills that you have. List any other skills that may be useful for the job.

Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

- |   |       |           |
|---|-------|-----------|
| <input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.) | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Answering telephones                       | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Filing                                     | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Customer service                           | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Firearms Background                        | _____ | 1 2 3 4 5 |
| <input type="checkbox"/> Retail Experience                          | _____ | 1 2 3 4 5 |
| _____   | _____ | 1 2 3 4 5 |
| _____   | _____ | 1 2 3 4 5 |



**Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
 Supervisor 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): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

**Military Service**

Have you ever served in the United States Military? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Branch: \_\_\_\_\_  
 Years of Service: \_\_\_\_\_  
 Rank: \_\_\_\_\_  
 Were you discharged? \_\_\_\_\_ Yes \_\_\_\_\_ No Type of discharge: \_\_\_\_\_



**Applicant's Education and Training**

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree(s) received: \_\_\_\_\_

College/University Name and Address

\_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Specialized Training:

**References**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any other information we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **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 Precision Arms of Indiana LLC to contact former employers, references, and educational organizations regarding my employment and education. I authorize my former employers, references, 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 Manager, 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 Precision Arms of Indiana LLC, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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APPLICANT SIGNATURE AND DATE

*\*\*\*Please Submit all Applications in Person or Mail to Business Address above or you may also scan and email applications to [Todd@Precisionarmsindiana.com](mailto:Todd@Precisionarmsindiana.com) \*\*\**