



PRECISION ARMS OF INDIANA

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Columbia City, Indiana 46725
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Employment Application

Please handwrite with ink or complete on computer.

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.

Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Phone Number: _____

Driver's License (State/Number): _____

Have you ever been convicted of a crime? _____ Yes _____ No

Job Position Applied For: _____

Salary Desired: \$ _____ per _____

How did you hear about our company? _____

Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

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?

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.

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: _____

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 to end my employment. 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.

APPLICANT SIGNATURE DATE