

LEGENDARY ARMS WORKS

Employment Application



**LEGENDARY
ARMS WORKS**

Instructions: Please print. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Legendary Arms Works is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment. Resumes will not be accepted in lieu of applications.

APPLICANT INFORMATION

Last Name				First Name			
Street Address					City		
State			Zip			Phone:	
Email				Position you're applying for:			
Full Time or Part Time			What shift are you interested in?			Desired Salary	
How did you hear about this				Employee Name if you were referred			
Do you have any relatives currently employed by Legendary Arms Works? If yes, who:							
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a U.S. Citizen or a Green Card Holder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

Note: Convictions are not an automatic bar to employment, all circumstances will be considered.

EDUCATION

High School			City, State			Diploma Received:	
College/Trade School			City, State				
Did you graduate?			Degree			Major/Area of Study	
Other			City, State				
Did you graduate?			Degree			Major/Area of Study	

REFERENCES

Please list three professional references do not include anyone related to you

Full Name			Relationship				
Company			Phone:				
Years Known			Email:				
Full Name			Relationship				
Company			Phone:				
Years Known			Email:				
Full Name			Relationship				
Company			Phone:				
Years Known			Email:				

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

PLEASE PROVIDE AREAS OF INTEREST RELATED TO THE FIREARMS INDUSTRY, INCLUDING ANY CERTIFICATIONS AND/OR TRAINING

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DISCLAIMER AND SIGNATURE

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Legendary Arms Works to verify their accuracy and to obtain reference information on my work performance. I hereby release Legendary Arms Works from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that, should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of Legendary Arms Works. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at-will and that either I or Legendary Arms Works may terminate my employment at any time with or without notice or cause.

This application is current for 90 days. If I have not been contacted by Legendary Arms Works and still wish to be considered for employment, it will be necessary for me to fill out a new application.

AN EQUAL OPPORTUNITY EMPLOYER and DRUG-FREE WORKPLACE

Signature

Date

Name (print)

Please return completed applications to the HR department. Applications can be sent via email to kjohnson@tropgun.com or fax at (717) 367-9493.