

THE FIRING LINE

1173 DAYTON AVE, STE 103A
CLOVIS, CA 93612
(559) 294-9400

DATE _____

USE INK – PLEASE PRINT (Except where otherwise indicated)

All applicants will be subject to verification of employment and educational history. New hires may also be subject to criminal background checks. Each applicant must answer all questions on this application accurately, thoroughly and honestly.

PERSONAL INFORMATION

NAME: LAST FIRST MIDDLE			POSITION APPLIED FOR: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
ADDRESS: NUMBER STREET HOW LONG?			LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	
CITY STATE ZIP CODE			(FULL SSN REQUIRED IF HIRED) PRIMARY PHONE NUMBER: () - () - ALT. PHONE NUMBER: () -	

HOW WERE YOU REFERRED? (Select one or more)

INTERNET ☐ NEWSPAPER ☐ JOB FAIR ☐ SCHOOL ☐
AGENCY ☐ COMPANY IMAGE ☐ REFERRAL ☐ SIGN/OTHER ☐

LIST ANY OTHER NAMES USED OR UNDER WHICH YOU HAVE WORKED: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES ☐ NO ☐

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES ☐ NO ☐

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO AND FROM WORK? YES ☐ NO ☐

WOULD YOU BE WILLING TO RELOCATE? YES ☐ NO ☐

EDUCATIONAL RECORD		LOCATION	DID YOU GRADUATE?		DEGREE AND MAJOR	GRADE AVERAGE OR RANK IN CLASS
			YES	NO		
HIGH SCHOOL						
GED/HS EQUIVALENT						
JUNIOR COLLEGE						
COLLEGE/ UNIVERSITY						

ARE YOU CURRENTLY ATTENDING SCHOOL? YES ☐ NO ☐ IF YES, WHEN? _____

EMPLOYMENT EXPERIENCE			
In the spaces below, account for ALL TIME, including unpaid or volunteer work service and periods of unemployment, for the PAST 10 YEARS. Give complete names and addresses. If self-employed, give firm name and one business reference. Use additional application(s) if necessary.			
DATES OF EMPLOYMENT	PRESENT OR LAST EMPLOYER (FIRM NAME)	TITLE AND DUTIES	STARTING SALARY
FROM	NO. & STREET CITY STATE	NAME OF SUPERVISOR	ENDING SALARY
TO	TELEPHONE NO. () -	REASON FOR LEAVING	
DATES OF EMPLOYMENT	PRESENT OR LAST EMPLOYER (FIRM NAME)	TITLE AND DUTIES	STARTING SALARY
FROM	NO. & STREET CITY STATE	NAME OF SUPERVISOR	ENDING SALARY
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TO	TELEPHONE NO. () -	REASON FOR LEAVING	

(OVER)

JOB KNOWLEDGE AND SPECIAL SKILLS

CIRCLE THE FIREARM PRODUCTS ABOUT WHICH YOU ARE KNOWLEDGEABLE:
HANDGUNS BOLT ACTIONS SHOTGUNS AR-15's AMMO HOLSTERS OPTICS
OTHER APPLICABLE SKILLS/KNOWLEDGE FOR POSITION: _____

WORK HOURS

WORKING AT THE FIRING LINE REQUIRES VARIABLE SCHEDULES, INCLUDING HOLIDAYS, EVENINGS, AND WEEKENDS. CAN YOU WORK THOSE HOURS? YES ☐ NO ☐

OTHER EMPLOYMENT

DO YOU HAVE OTHER EMPLOYMENT THAT WOULD CONTINUE WHILE YOU ARE EMPLOYED BY THE FIRING LINE?
YES ☐ NO ☐ IF YES, EXPLAIN: _____

ESSENTIAL JOB FUNCTIONS (Written job descriptions, which include essential functions of the job, available upon request)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES ☐ NO ☐
UPON THE COMPANY'S RECEIPT OF AN APPROPRIATE HEALTH CARE PROVIDER'S NOTE EXPLAINING A LIFTING RESTRICTION, A TEMPORARY WAIVER FROM LIFTING REQUIREMENTS MAY BE PROVIDED TO EMPLOYEES WHO HAVE SPECIAL NEEDS DUE TO PREGNANCY, PREGNANCY-RELATED CONDITIONS OR OTHER TEMPORARY MEDICAL CONDITIONS.
IF REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, ARE YOU WILLING AND ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO LIFT OBJECTS WEIGHING UP TO: 25 LBS ☐ 50 LBS ☐ 100 LBS ☐

BACKGROUND

ANY EMPLOYMENT OFFER, IF MADE, MAY BE CONTINGENT UPON PASSING A BACKGROUND CHECK.

ARE YOU LEGALLY PROHIBITED FROM POSSESSING, HANDLING OR SELLING FIREARMS OR AMMUNITION FOR ANY REASON? (E.G., UNDER THE TERMS OF A RESTRAINING ORDER) YES ☐ IF YES, LIST REASON: _____ NO ☐

HAVE YOU BEEN CONVICTED OF A FELONY? (ARRESTS ARE NOT CONVICTIONS; DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR SET ASIDE)
YES ☐ IF YES, LIST CONVICTION(S): _____ NO ☐

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? (ARRESTS ARE NOT CONVICTIONS; DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR SET ASIDE)
YES ☐ IF YES, LIST CONVICTION(S): _____ NO ☐

CALIFORNIA APPLICANTS ONLY: APPLICANT SHOULD OMIT ANY CONVICTIONS FOR THE POSSESSION OF MARIJUANA THAT ARE MORE THAN TWO (2) YEARS OLD (EXCEPT FOR CONVICTIONS FOR THE POSSESSION OF MARIJUANA ON SCHOOL GROUNDS OR POSSESSION OF CONCENTRATED CANNABIS). APPLICANT ALSO SHOULD OMIT ANY INFORMATION CONCERNING A REFERRAL TO, AND PARTICIPATION IN, ANY PRE-TRIAL OR POST-TRIAL DIVERSION PROGRAM.

LIST YOUR LAST THREE (3) HOME ADDRESSES (include dates)

FROM	TO	ADDRESS	CITY AND STATE

HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT FOR ANY REASON? YES ☐ NO ☐
IF YES, EXPLAIN: _____

PERSONAL REFERENCES LIST THE NAMES AND ADDRESSES OF TWO (2) PEOPLE (NOT RELATIVES OR EMPLOYERS) WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS.

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
NAME	ADDRESS	OCCUPATION	PHONE NUMBER

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME

ADDRESS

()
PHONE NUMBER

I certify that I have not withheld any information that might adversely affect my chances for employment with THE FIRING LINE and that information given by my is true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of information made orally, on this application or on any other document used to secure employment shall be grounds to disqualify me from employment or subject me to discipline, including immediate discharge, if I am hired, regardless of the time elapsed before discovery. I hereby authorize THE FIRING LINE and its representatives and agents to contact any reference, school, employer or organization listed on this application. I authorize persons, schools, my current employer (if applicable), and previous employers and other organizations contacted by THE FIRING LINE to provide any relevant information regarding my current and/or previous employment, education and qualifications, and I release all persons, schools, employers and other organizations of any and all claims for providing such information. If hired, I understand and agree that I will be an at-will employee and that my employment may be terminated by either THE FIRING LINE or me at any time without prior notice for any reason.

Signature _____ Date _____

INTERVIEWER'S USE ONLY

AVAILABILITY: _____ INTERVIEWED BY (print name) _____