## FLORIDA GUN EXCHANGE EMPLOYMENT APPLICATION 2012.v1

Today's Date:/
NAME (Last, First, Middle):
ADDRESS (Street, City, Zip):
PHONE: (Mobile) () (Home) ()
Are you under the age of 18? EMAIL:
What position are you applying for? Salary Desired  Have you applied here before? Yes No
IMPORTANT! Florida Gun Exchange is an Equal Opportunity Employer, however you are prohibited <u>by</u> <u>law</u> from working around firearms if ANY of the following statements apply to you:
<ul> <li>You are under indictment of a felony, or any other crime, for which the judge could imprison you for more than one year.</li> <li>You have been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year.</li> <li>You are a fugitive from justice.</li> <li>You are an unlawful user of, or addicted to: marijuana, depressants, stimulants, narcotic drugs, or any other controlled substance.</li> <li>You have been adjudicated mentally defective by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs.</li> <li>You have ever been committed to a mental health institution.</li> <li>You have been DISHONORABLY discharged from the Armed Forces.</li> <li>A court of law has issued a restraining order against you for harassing, stalking, or threatening an intimate partner or child of such partner, or your own child.</li> <li>You have been convicted in any court of a misdemeanor of domestic violence.</li> <li>You have ever renounced your United States citizenship.</li> <li>You are an alien ILLEGALLY in the United States.</li> </ul>
I HAVE READ THIS STATEMENT IN ITS ENTIRETY; NONE OF THE ABOVE APPLIES TO ME.
Signature: Date:
If any of these statements apply to you, you are not eligible for employment. Do not continue the application process.

## EMPLOYMENT HISTORY List 4 previous jobs and details, beginning with the most recent. Are you currently employed? \_\_\_\_Yes \_\_\_\_No If so, may we inquire of your present employer? \_\_\_\_\_Yes \_\_\_\_\_No **Employer:** From: To: Wage: City, State, Zip: Responsibilities Phone: May we contact? \_\_\_\_ Yes \_\_\_\_ No Supervisor: To: **Employer:** From: Wage: City, State, Zip: Responsibilities Phone: May we contact? \_\_\_\_ Yes \_\_\_\_ No Supervisor: **Employer:** From: To: Wage: City, State, Zip: Responsibilities Phone: May we contact? \_\_\_\_ Yes \_\_\_\_ No Supervisor: Employer: From: To: Wage: Responsibilities City, State, Zip: Phone: May we contact? \_\_\_\_ Yes \_\_\_\_ No

Supervisor:

Signature:		Date:			
MILITARY EXPERIENCE	E: Yes No				
If yes, please list bran	ch, years of service, & experience:				
EDUCATION					
List all that apply.					
	School/Colleges Attended	# of Years	Years Attended	Deg	
College					
Technical College					
High School					
		ivo a briof doscrip	tion of your ove	porion	
If you answer yes to a	ny of the following questions, please g	ive a brief descrip	tion of your exp	oerien	
If you answer yes to a	ny of the following questions, please g	ive a brief descrip	tion of your exp	oerien	
If you answer yes to an	ny of the following questions, please g	ive a brief descrip	tion of your exp	oerien	
Do you have sales exp  Do you have manager	ny of the following questions, please g		tion of your exp	oerien	
If you answer yes to an Do you have sales exp	ny of the following questions, please goerience?  ment experience?		tion of your exp	perien	

Do you have your concealed weapons perm	it? Yes _	No		
Do you have reliable transportation?	Yes No			
Do you have a valid driver's license?	res No			
Drivers License/State ID#:		State:	Expirati	on:
Are you able to lift at least 50 lbs and remai	n on your feet	for extended pe	eriods?	_Yes No
I CERTIFY that answers given herein are true investigations of all statements contained in arriving at an employment decision. I undersemployment. In the event of employment, I my application or interview may result in ter	this application tand that this a understand tha	n for employmen application is no	nt as may be t intended to	necessary in be a contract of
Florida Gun Exchange is a DRUG FREE workp Random testing takes place at the Company' to these terms.	_			
Signature		Da	te	
REFERENCES				
Name		Phone #		
Address	City _		State	Zip
Relationship	<del></del>			
Name				
Address			State	Zip
Relationship	<del></del>			
Name		Phone #		
Address			State	Zip
Relationship				
Name		Phone # _		
Address				
Relationship				