

# EMPLOYMENT APPLICATION

Please complete the entire application.

## 1. Employer Information

Employer: **Shooters of Columbus**  
Address: **4527 Milgen Road**  
City/State/ZIP: **Columbus, Georgia 31907**  
Telephone: **706-568-9313**

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

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

3. Job Position Applied For: \_\_\_\_\_

4. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

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

6. Do you have any friends or relatives who work here? If yes, please list here:  
\_\_\_\_\_

7. Have you applied to our company previously? Yes No If yes,  
when? \_\_\_\_\_

8. Are you at least 18 years old? Yes No

**8. How will you get to work?** \_\_\_\_\_

**9. Are you willing to work any shift, including nights and weekends?**

Yes      No

If no, please state any limitations:

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**10. If applicable, are you available to work overtime?**      Yes      No

**11. If you are offered employment, when would you be available to begin work?** \_\_\_\_\_

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

List any skills that may be useful for the job you are seeking. 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.)

**13. Applicant's Skills**

Skill	Years of Experience	Ability or Rating 1 2 3 4 5
_____	_____	

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_____	_____	

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_____	_____	

#### 14. 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 attach extra sheet to email.

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): \_\_\_\_\_

#### 15. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_  
Did you receive a degree?      Yes      No  
If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

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Did you graduate?      Yes      No

Other Training (graduate, technical, vocational):

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

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Awards, Honors, Special Achievements:

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Military Service:

Yes      No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

**16. 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 Shooters of Columbus to contact former employers and educational organizations regarding my employment and education. I authorize my former employers 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 owner, 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 Shooters of Columbus, except in a specific written contract of employment signed on behalf of the organization by its owner, 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