

WAUKESHA GUN CLUB

Date _____

Part-Time Employment Application

Applicant Information

Last Name _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

How were you referred to Company?: _____

Positions

Position(s) applying for: _____

Are you applying for:

- Temporary part-time work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N

What days and hours are you available for work? _____

What date can you start working? ___ / ___ / ___

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Personal Information:

Have you ever applied to / worked for Company before? Y or N

If yes, please explain (include date): _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If under 18, do you have working papers? Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)

Education, Training and Experience

High School:

School name: _____

Address: _____ City _____ State _____ Zip _____

Number of years completed: _____ Did you graduate? [] Y or [] N Degree / diploma earned _____

College / University/Vocational School

School name: _____

Address _____ City _____ State _____ Zip _____

Number of years completed: _____ Did you graduate? [] Y or [] N Degree / diploma earned _____

References – Please List two references other than relatives

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Previous Work History:

Employer Name: _____

Start Dates: _____ End Date: _____

Supervisor Name: _____ Phone: _____

Do we have your permission to contact your previous employer? Y or N

Employer Name: _____

Start Dates: _____ End Date: _____

Supervisor Name: _____ Phone: _____

Do we have your permission to contact your previous employer? Y or N

Have you completed a Hunter Safety class? Y or N