



EMPLOYMENT APPLICATION

Equal Opportunity Employer

Personal Information

NAME (LAST NAME / FIRST)		TODAY'S DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO OR WORKED FOR PACIFIC OUTFITTERS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE & WHEN?	DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR PACIFIC OUTFITTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE TIMES/DAYS WHICH YOU ARE UNAVAILABLE TO WORK? (Please attach your schedule if more space is needed).		IF YES, STATE NAME(S) & RELATIONSHIP
WHY ARE YOU APPLYING FOR WORK AT PACIFIC OUTFITTERS?		

Questionnaire	
IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AT LEAST 18 YEARS OLD? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:	
<hr/> <hr/>	
<p>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</p>	

Education, Training, and Experience				
	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information	
SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL SKILLS OR TRAINING	
U.S. MILITARY SERVICE	RANK

Employment History			
List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.			
COMPANY NAME		PHONE	SUPERVISOR NAME
ADDRESS		POSITION	
YOUR JOB DUTIES			
FROM	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO			
COMPANY NAME		PHONE	SUPERVISOR NAME
ADDRESS		POSITION	
YOUR JOB DUTIES			
FROM	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO			
COMPANY NAME		PHONE	SUPERVISOR NAME
ADDRESS		POSITION	
YOUR JOB DUTIES			
FROM	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO			

References (List below three persons not related to you who have knowledge of your work performance within the last three years.)				
NAME	ADDRESS	OCCUPATION	PHONE NUMBER	YEARS KNOWN

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for
Initials employment and that the answers given by me are true and correct 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 material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Pacific Outfitters to thoroughly investigate my references, work record, education and other
Initials matters related to my suitability for employment unless otherwise specified above. Further, I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all others persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted
Initials or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the
Initials United States and to complete the required employment eligibility verification document form upon hire.

_____ Pacific Outfitters personnel are employed on an at-will basis. Employment at-will means that the employment
Initials relationship may be terminated, with or without cause and with or without advance notice, at any time by the employee or the Company.

The information requested below is necessary for determining your ability to obtain a Certificate of Eligibility. A "Certificate of Eligibility" is a pre-requisite licensing/permit requirement for any agent or employee of a vendor who handles, sells, or delivers firearms and ammunition. Any information regarding criminal history will be maintained confidentially.

Have you been convicted of a criminal offense (felony or misdemeanor) in the past 10 years? Yes No

(Please do not include misdemeanor convictions for marijuana-related offenses that are more than two years old, infractions, records relating to diversion programs, or convictions that have been judicially dismissed or ordered sealed pursuant to law.)

Are you prohibited from owning and/or possessing firearms? Yes No

Any person who has a conviction for any misdemeanor listed in Penal Code section 29805 or for any felony, or is addicted to the use of any narcotic drug, or has been held involuntarily as a danger to self or others pursuant to Welfare and Institutions Code section 8103 is prohibited from buying, owning, or possessing firearms or ammunition. There are also prohibitions based on mental conditions, domestic restraining/protective orders, conditions of probation, and specific offenses committed as a juvenile. A list of prohibited categories is available on the Bureau of Firearms website.

Applicant's Signature

Date