

PACIFIC INTERNATIONAL TRAPSHOOTING ASSOCIATION

Application for Employment

The Pacific International Trapshooting Association is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, uniformed services status, sexual orientation, gender identity, or genetic information. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application or testing.

CONFIDENTIAL

Please complete by printing in dark ink, answering all questions, and signing your initials and name on the last page where indicated.

Date _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION(S) APPLIED FOR	SALARY DESIRED
	1. 2.	\$

EDUCATION and SKILLS

List any education, training, and/or specialized experience (such as schools, colleges, degrees, licenses, vocational or technical training, military experience, hobbies, etc.) you feel would help you perform the work for which you are applying.

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY			<input type="checkbox"/> < 1 Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DEGREE
OTHER SCHOOLS			# OF YEARS:	CERTIFICATE OR LICENSE

SPECIAL SKILLS

Software Applications:

Other Skills:

EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service and any self-employment as part of your employment record.
Attach another sheet if more space is needed

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Reason for Leaving	Essential Job Duties

**EMPLOYMENT RECORD
(Continued)**

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
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Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Reason for Leaving	Essential Job Duties

Attach additional pages, if needed.

GENERAL INFORMATION

May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been employed or attended school using any other name? If yes, please indicate names previously used:	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been terminated, quit while facing possible termination or quit at an employer's request? If yes, please identify employer and explain the circumstances:	<input type="checkbox"/> yes <input type="checkbox"/> no
When are you available to work? (We will attempt to reasonably accommodate employees who require certain hours or days off for religious beliefs or practices.) Check shifts and days you can work: <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	

ADDITIONAL INFORMATION:

Please use the space below, the back of this page, or a supplementary page to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

RELEASE FORM

Please read carefully, initial each paragraph, and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any information
initial relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize the Pacific International Trapshooting Association to thoroughly investigate my
initial references, work record, education, and other matters related to my suitability for employment, and further 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 release the Pacific International Trapshooting Association, my former employers, and all other 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 authorize the Pacific International Trapshooting to investigate whether I have a criminal record of
initial convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. The Pacific International Trapshooting has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

_____ If hired, I recognize that I must follow the rules and policies of the Pacific International Trapshooting
initial Association, as may be changed from time to time in the Pacific International Trapshooting Association's sole discretion. I understand that my employment is and will be "at-will" and can be terminated at any time, with or without cause, and with or without notice, at the option of the Pacific International Trapshooting Association or myself. I also understand that unless otherwise stated in an employment contract, the company may change, withdraw, and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

An offer of employment will only be made after a personal interview, and depending upon position applied for, a skills test may also be required. All candidates offered a position will be required to complete additional documentation including but not limited to employment eligibility verification, tax forms, and other employment related forms, as well as to submit to substance abuse testing, background screening, and a motor vehicle records review.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Signature