

DISCOUNT GUN MART

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYEMENT
QUESTIONNAIRE
DGM - AN EQUAL

PERSONAL INFORMATION

PAGE 1

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT NO	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT NO	CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE	ALTERNATE PHONE/CELL	

DESIRED EMPLOYMENT

POSITION			DATE YOU CAN START		SALARY/HRLY RATE DESIRED	
ARE YOU EMPLOYED NOW	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		YES <input type="checkbox"/>	NO <input type="checkbox"/>
EVER APPLIED TO THIS COMPANY BEFORE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHERE		WHEN	
EVER WORKED FOR THIS COMPANY BEFORE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHERE		WHEN	
REASON FOR LEAVING						
NAME OF LAST SUPERVISOR AT THIS COMPANY						
WHO REFERRED YOU TO THIS COMPANY?	EMPLOYMENT AGENCY <input type="checkbox"/>		NEWSPAPER AD <input type="checkbox"/>		OTHER (IDENTIFY) <input type="checkbox"/> _____	
	FRIEND <input type="checkbox"/>		WALK IN <input type="checkbox"/>		EMPLOYEE REFERRAL (INCLUDE NAME) <input type="checkbox"/> _____	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPEICAL FIREARMS INTEREST/EXPERIENCE:

SPECIAL TRAINING INCLUDING ANY FIREARMS TRAINING:

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER								
ADDRESS				CITY		STATE	ZIP	
STARTING DATE	WEEKLY STARTING SALARY /HRLY RATE		LEAVING DATE	WEEKLY FINAL SALARY /HRLY RATE				
JOB TITLE					MAY WE CONTACT YOUR SUPERVISOR		YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME OF SUPERVISOR			TITLE			PHONE		
DESCRIPTION OF WORK								
REASON FOR LEAVING								

NAME OF PREVIOUS EMPLOYER								
ADDRESS				CITY		STATE	ZIP	
STARTING DATE	WEEKLY STARTING SALARY /HRLY RATE		LEAVING DATE	WEEKLY FINAL SALARY /HRLY RATE				
JOB TITLE					MAY WE CONTACT YOUR SUPERVISOR		YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME OF SUPERVISOR			TITLE			PHONE		
DESCRIPTION OF WORK								
REASON FOR LEAVING								

NAME OF PREVIOUS EMPLOYER								
ADDRESS				CITY		STATE	ZIP	
STARTING DATE	WEEKLY STARTING SALARY /HRLY RATE		LEAVING DATE	WEEKLY FINAL SALARY /HRLY RATE				
JOB TITLE					MAY WE CONTACT YOUR SUPERVISOR		YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME OF SUPERVISOR			TITLE			PHONE		
DESCRIPTION OF WORK								
REASON FOR LEAVING								

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS / PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE & RANK
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DUTIES & JOB DESCRIPTION

SPECIAL AWARDS OR QUALIFICATIONS

*** IF YOU ARE UNSURE OF YOUR ANSWER TO ANY OF THESE QUESTIONS, PLEASE SEE MANAGEMENT**

	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OF AN OFFENSE SPECIFIED IN CALIFORNIA PENAL CODE SECTION 12021.1 OR 12001.6; OR CONVICTED OF ASSAULT, BATTERY, OR OTHER MISDEMEANOR OFFENSE SPECIFIED IN CALIFORNIA PENAL CODE SECTION 12021(c)(1) IN THE LAST 10 YEARS?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU A MENTAL PATIENT OR ON LEAVE OF ABSENCE FROM A MENTAL HOSPITAL AS DESCRIBED IN CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 8100?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER BEEN ADJUDICATED BY A COURT TO BE A DANGER TO OTHERS, FOUND NOT GUILTY BY REASON OF INSANITY, FOUND INCOMPETENT TO STAND TRIAL, OR PLACE UNDER A CONSERVATORSHIP, PURSUANT TO CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 8103?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU CURRENTLY THE SUBJECT OF ANY RESTRAINING ORDER PURSUANT TO CALIFORNIA FAMILY CODE SECTION 6380?
*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU UNDER INDICTMENT OR INFORMATION IN ANY COURT FOR A FELONY , OR ANY OTHER CRIME, FOR WHICH THE JUDGE COULD IMPRISON YOU FOR MORE THAN ONE YEAR? (AN INFORMATION IS A FORMAL ACCUSATION OF A CRIME BY A PROSECUTOR)
*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU 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, EVEN IF YOU RECEIVED A SHORTER SENTENCE INCLUDING PROBATION?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU A FUGITIVE FROM JUSTICE?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU AN UNLAWFUL USER OF, OR ADDICTED TO, MARIJUANA, OR ANY DEPRESSANT, STIMULANT, OR NARCOTIC DRUG, OR ANY OTHER CONTROLLED SUBSTANCE?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER BEEN ADJUDICATED MENTALLY DEFECTIVE (WHICH INCLUDES HAVING BEEN ADJUDICATED INCOMPETENT TO MANAGE YOUR OWN AFFAIRS) OR HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS?
*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU BEEN CONVICTED IN ANY COURT OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP?
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU AN ALIEN ILLEGALLY IN THE UNITED STATES?
*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU A NONIMMIGRANT ALIEN?

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN INCLUDING PRE-EMPLOYMENT AND DURING THE PERIOD OF EMPLOYMENT TESTING FOR ILLEGAL DRUGS AND CONTROLLED SUBSTANCES AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE	SIGNATURE
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DO NOT WRITE BELOW – FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	POSITION	
SALARY/HRLY WAGE	WILL REPORT	
APPROVED	EMPLOYMENT MANAGER	DATE
APPROVED	DEPARTMENT MANAGER	DATE
APPROVED	GENERAL MANAGER	DATE