

# APPLICATION FOR EMPLOYMENT

The Gun Room, LLC

## Personal information

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Full Legal Name

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Current Residence Address (number, street, city, state, zip code; not PO box)

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Phone number

Email address

Are you over 21 years of age? YES NO

Do you have proof of citizenship? YES NO

Are you a prohibited person per the ATF? YES NO

Do you willingly submit to a background check? YES NO

## Position and Availability

Sales Associate

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Position

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Available Start Date

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Days of Availability (Monday, Tuesday, etc.)

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Hours of Availability

23 E Stoddard St, Dexter, MO 63841  
(573) 614-7689

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## Skills

Do you possess a working knowledge of firearms, ammunition, and accessories? YES NO

Do you possess the interpersonal skills required to regularly interface with customers? YES NO

Do you possess sufficient computer skills to operate an internet-based POS (point-of-sale) system, navigate and interact with distributor websites, execute background checks through the FBI NICS website, etc.? YES NO

Please list any other skills that you feel are applicable to this position:

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## Education

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High School

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City, State, Zip

Did you graduate?      YES      NO

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Undergrad College or Vocational-Technical School

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City, State, Zip

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Major or Main Field of Study

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Minors or Secondary Fields of Study

Did you graduate?      YES      NO

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Degree or Certificate Earned

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Graduate School

---

City, State, Zip

---

Major

Did you graduate?      YES      NO

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Degree Earned

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## Military Experience (if applicable)

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Branch

Rank

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Total Years of Service

Skills/Duties

## Employment History

Are you currently employed?

YES

NO

Please list your employers in reverse order, with the most recent first.

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Name of Employer

---

Name of Supervisor

Phone number

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Address (number, street, city, state, zip code; not PO box)

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Dates of Employment

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Address (number, street, city, state, zip code; not PO box)

---

Position and Duties

---

Reason for Leaving

---

Name of Employer

---

Name of Supervisor

Phone number

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## References

List three people who can provide feedback on your workplace performance in the last four years.

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First and Last Name

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Current Residence Address (number, street, city, state, zip code; not PO box)

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Phone number

---

Email address

---

Occupation

---

Number of Years Acquainted

---

First and Last Name

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I certify that the information provided in this application is true and complete. I acknowledge that false information is grounds for not hiring me or immediate termination. I authorize the verification of any information listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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