



PHONE: (800) 530-9028
 (810) 653-2131
 FAX: (810) 658-2140

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability. Williams Gun Sight Company shows commitment to the men and women who have served in the United States Armed Forces by providing meaningful, challenging career opportunities where military skills and experience may be applied. If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a reliable means of getting to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please do not answer "yes" or provide any information about convictions that have been erased, expunged, sealed, pardoned, set aside, vacated, annulled or otherwise eradicated by the court.</i>	Will you now or in the future require scholarship for employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of identity and legal authority to work in the United States is a condition of employment pursuant to the Immigration Reform and Control Act of 1986, as amended.		

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available	
Salary/Hourly Wage Desired	How did you learn about this position: <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____	
Position Or Type Of Employment Desired	Have you ever been dismissed from employment or resigned your employment in lieu of dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and please explain: _____	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
High School, College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

College, Business School, Military (continued)	Dates Attended Month/Year	Quarterly or Semester Hours	Other (Specify)	Graduate	Degree & Year	Major or Subject
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English						

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

WORK EXPERIENCE (Start with your present or last job. Include any voluntary activities and job-related military service assignments. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status but explain gaps in dates.)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor

WORK EXPERIENCE (Continued)		
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Reference Name	Title or Business	Reference Phone () -	Years Known
Reference Name	Title or Business	Reference Phone () -	Years Known
Reference Name	Title or Business	Reference Phone () -	Years Known

I certify that the facts contained in this application are true and complete and understand that, if employed, falsified statements or omission of information on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. In consideration of my employment, I agree to abide by all policies and regulations of the Company. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Williams Gun Sight Company at any time for any reason. Any oral or written statements that contradict this employment at will relationship are disavowed by Williams Gun Sight Company and should not be relied upon by any employee.

I understand and agree that, if employment is offered, I will undergo a pre-employment background check at no cost to myself. Upon satisfactory results of this background check, then and only then will a job offer be valid:

Signature of Applicant _____ Date _____