



High Caliber is committed to excellence. Employment offers are made on the basis of qualifications without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume").

Name (Last, First, Middle):				Position Applying For:			
Street Address:				Seeking part-time (<32 hrs/wk) or full-time (33-40 hrs/wk) employment?: (Circle One)			
City, State, Zip				Part- Time Full-Time			
				Hourly Wage Desired:			
Phone:	Other Phone	ne:		E-mail:			
Are you eligible to work in the United States?		Yes	No	Social Security Number:			
Are you 21 years or older?		Yes	No	What is your birth date?			
Are you currently employed?		Yes	No	If YES, what is your current job title?			
Have you ever been employed by High Caliber?		Yes	No	If Yes, dates of employment & reason for leaving:			
Are you friends or related to any current employee?		Yes	No	If Yes, their name & relationship to you:			
Do you have a valid driver's license?		Yes	No	If Yes, State of issuance, license # and expiration date:			
Do you have a valid FOID card?		Yes	No	If Yes, what is the number?			
Do you have an Illinois State Police instructor number?		Yes	No	If Yes, what is the instructor number?			
Are you a member of the National Rifle Association?		Yes	No	If Yes, what is the membership number?			
Are you a National Rifle Association instructor?		Yes	No	If Yes, what is the instructor number?			
Do you have an Illinois Concealed Carry License?		Yes	No	If Yes, what is the license number?			
How did y	ou learn about th	nis employme	nt opportu	nity at High Caliber? (Circle All That Apply):			
Walk-in	Website		Dept. of Labor				
Referral by Employee or Member			Other:				





EDUCATION								
Name of School	City / State	Did you graduate?		If No, # of years left to graduate			date of uation	Degree & Major
High School/GED:		Yes	No					
Trade School:		Yes	No					
College:		Yes	No					
Other School		Yes	No					
AVAILABILITY/ELIGIBILITY: need you to be flexible as	<del>-</del>	eld of work. Whil	le we do o	ur best to I	nonor all reque	ests for avail	lability, we ma	ay sometimes
•								
Are you available weeken		No 			ailable evening		Yes	No
Days available to work	Monday	Tuesday	Wedne	•	Thursday	Friday	Saturday	Sunday
Evenings available to work	,	Tuesday	Wedne	•	Thursday	Friday	Saturday	Sunday
Do you require any accom				Yes	No			
Can you stand for long per				Yes	No			
Have you ever been convi- If YES, please give date(s)		nisdemeanor?		Yes	No			
PROFICIENCY LEVEL: On a Comfortable handling, 2 - diagnose problems, 5 - Exp	Comfortable shooting, 3	- Knowledgeable employment as v	e including	g cleaning a	and basic main	tenance, 4 -	Can troubles	
Ammunition	Firearm	Shotguns Accessories			Custo	Optics mer Service		
SKILLS/INTERESTS: Please software packages of which interests/hobbies that are	ch you have a working kr				· · · · · · · · · · · · · · · · · · ·			=





WORK EXPERIENCE: Please detail your work history for the last five years. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets of this page, if necessary. Omission of prior employment may be considered falsification of information. Please explain any gap of employment and include full-time military or volunteer commitments, as well as, include any pertinent experience if it is beyond the five year scope (retail, military, law enforcement, instruction, etc.). High Caliber reserves the right to contact all current and former employers for reference information. PLEASE DO NOT complete this information with the notation "See Resume."

Dates Employed (Most Recent Position)	Full-Time OR Part-Time, # hrs./wk	Title:		
Starting Salary:	Organization Name and Address:	•		
Final Salary:				
Supervisor's Name, Title, and Phone #	Other Reference Name, Title, and Phone #	Contact current references (circle):  Any Time or Finalist		
Primary duties:		Reason for Leaving:		
Dates Employed (Most Recent Position)	Full-Time OR Part-Time, # hrs./wk	Title:		
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title, and Phone #	Other Reference Name, Title, and Phone #	Contact current references (circle):  Any Time or Finalist		
Primary duties:		Reason for Leaving:		
Dates Employed (Most Recent Position)	Full-Time OR Part-Time, # hrs./wk	Title:		
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title, and Phone #	Other Reference Name, Title, and Phone #	Contact current references (circle):  Any Time or Finalist		
Primary duties:		Reason for Leaving:		





REFERENCES (PLEASE PROVIDE AT LEAST 2)		
Name	Contact Phone	Relationship
PLEASE READ CAREFULLY AND SIGN THAT YOU UN	DFRSTAND AND ACCEPT THIS INFORMATION.	
I certify that the information on this application an failure to fully complete the form, or misrepresent employment, or termination after employment if contained in this application and support full response to any inquiries in connection with the criminal and credit background investigation, and/that this document is NOT an offer of employment continued guaranteed employment. I understand the relationship may be terminated at any time by eith required to furnish proof of eligibility to work in the that if employed on a temporary basis, I would be understand that at this time High Caliber offers no or discontinuation at any time without prior notice period, during which I would not be eligible to appappeal.	nd its supporting documents are accurate and completation or omission of facts, represents grounds for ediscovered at a later date. I authorize High Caliber to orting materials. I authorize references and former his application for employment. If requested, I agree for screening for illegal substances upon conditionate, and that an offer of employment, if tendered, do that staff employees of High Caliber Training Center that staff employees of High Caliber Training Center party, or any or no reason, other than reason proper United Sates and to comply with company and depaid for hours worked only, and would be ineligible benefits package. I understand that any benefits I e. I understand that the first SIX MONTHS of regula	elimination from consideration from to investigate, without liability, all remployers, without liability, to make se to submit to a physical exam, al offer of employment. I understand ses NOT constitute a contract for er serve at-will, and the employment prohibited by law. If employed, I will be departmental regulations. I understand se for benefits including paid time off. I may receive may be subject to change or employment represent a provisional
Applicant Signature:		Date:
Applicant dignature.		
For Employer Use Only:		