



Discount Gun Mart
Pre-employment questionnaire
Discount Gun Mart is an equal opportunity employer

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Present Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Permanent Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Are you 21 years or older? YES NO

Contact Information

Phone: _____ Email: _____

Desired Employment

Date you can start: _____ Desired salary / hourly rate: \$ _____

Position applied for: _____

Are you employed now? YES NO If so, may we inquire of your present employer? YES NO

Ever applied to DGM before? YES NO If yes, where? _____ When? _____

Ever worked for DGM before? YES NO If yes, where? _____ When? _____

Reason for leaving: _____

Name of last supervisor at DGM: _____

Do you have a CA COE (Certificate of Eligibility)? YES NO

If you are hired, you will be required to obtain a COE with livescan background check at your expense. After one year of employment, you will be reimbursed for the cost of the COE (Currently approximately \$70-\$100).

Who referred you to DGM? Employment Agency Ad Other (identify): _____
 Friend Walk-in Employee Referral (include name): _____

Education				
School Level	Name & Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General

Special firearms interest / experience: _____
 Special training, including any firearms training: _____
 Special skills: _____

Previous Employment

List below last three employers, starting with the most recent one first.

Name of present or last employer: _____

Address:

Street Address *City* *State* *Zip Code*

Starting Date: _____ Leaving Date: _____ Job Title: _____

Name of supervisor: _____ Title: _____ Phone: _____

Description of work: _____

Reason for leaving: _____

Name of previous employer: _____

Address:

Street Address *City* *State* *Zip Code*

Starting Date: _____ Leaving Date: _____ Job Title: _____

Name of supervisor: _____ Title: _____ Phone: _____

Description of work: _____

Reason for leaving: _____

Name of previous employer: _____

Address:

Street Address *City* *State* *Zip Code*

Starting Date: _____ Leaving Date: _____ Job Title: _____

Name of supervisor: _____ Title: _____ Phone: _____

Description of work: _____

Reason for leaving: _____

References

List the names of three persons you are not related to, whom you have known at least one year.

Full Name: _____ Years Acquainted: _____

Business: _____ Phone: _____

Address: _____

Full Name: _____ Years Acquainted: _____

Business: _____ Phone: _____

Address: _____

Full Name: _____ Years Acquainted: _____

Business: _____ Phone: _____

Address: _____

Service Record

Branch of Service: _____ Rank: _____ Discharge Date: _____

Duties & job description: _____

Special awards or qualifications: _____

Availability

DGM is open 7 days/week with both opening & evening closing shift and tries to honor special scheduling requests, but none are guaranteed except certain categories of schedule.

Are you available Full Time or Part Time? Full Time
 Part Time

If Part Time, how many hours per week can you work? _____

Is there any day(s) each week/month you are unable to work?

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 PLACED 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?

Disclaimer and Signature

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 PREEMPLOYMENT 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: _____

DO NOT WRITE BELOW - FOR INTERVIEWER'S USE ONLY

Interviewed by: _____ Date: _____

Comments:

Interviewed by: _____ Date: _____

Comments:

Hired (Date) for dept.: _____ Position: _____

Salary / hourly wage: _____ Will report: _____

Approved Employment Manager: _____ Date: _____

Approved Department Manager: _____ Date: _____

Approved General Manager: _____ Date: _____