

RELOADERZ NJ, LLC
An Equal Opportunity Employer

Application for Employment

Applicant's Statement

I understand that this application will be given every consideration for employment, but is not a promise nor guarantee of employment.

_____ Applicant Initials

I understand that if I am hired, my employment will be for NO definite period regardless of the period of payment of my wages, I further understand that I have the right to terminate my employment at any time with or without notice, and the company has the same right. No one other than the authorized representative of the company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be made in writing.

_____ Applicant Initials

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test and lead level blood test to establish a baseline, prior to employment and at any time during my employment, to the extent permitted by law.

_____ Applicant Initials

I understand that, in connection with this application for employment, consumer reports or investigative reports (which may contain public record information) may be requested. Such reports may include, but are not limited to the following: consumer credit, criminal records, driving records, education, mental health records, current and prior employer verification. Further, I understand that such requested reports will include information from various Federal, State, Local, and other Agencies, which contain my past activities.

_____ Applicant Initials

I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation. I further understand that the Company may contact my current or previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

_____ Applicant Initials

I hereby state that all of the information that I provide on this application for my employment and in any interview reflects the truth and is most accurate to my knowledge. I understand that in the event that I am employed and any such information is later found to be false in any respect, my employment will be terminated.

_____ Applicant Initials

DO NOT SIGN UNTIL YOU HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

_____ SIGNATURE OF APPLICANT _____ DATE

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Date: _____

APPLICANT PERSONAL INFORMATION:

NAME (Last, First, Middle) _____

STREET ADDRESS (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ PHONE (Alternate) _____

EMAIL ADDRESS _____

AGE (To be considered for a role at Reloaderz NJ that requires the handling of firearms, you are subject to investigation by the ATF and New Jersey State Police. If you are applying for such a position; Rental, Sales, Gunsmith, or RSO, you will be required to be over the age of 21)

Are you at least 21 years of age? Yes No

POSITION:

POSITION DESIRED _____

FULL TIME (35+ HRS/WEEK) PART TIME (LESS THAN 35 HRS/WEEK)

WHEN AVAILABLE _____ HOW LONG AVAILABLE _____

WAGE REQUIREMENTS _____

AVAILABILITY:

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME FROM							
TIME TO							

NOTE: Although efforts to accommodate an individual's availability are made, business needs may require any or all of the following: extension of hours, a rotating work schedule, Saturday and/or Sunday hours, and overtime. Hiring decisions may be based on your availability as described above.

PROFESSIONAL REFERENCES:

NAME _____

RELATIONSHIP _____ PHONE NUMBER _____

NAME _____

RELATIONSHIP _____ PHONE NUMBER _____

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RECORD OF PREVIOUS EMPLOYMENT:

NAME OF EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

EMPLOYED FROM _____ TO _____

TITLE / POSITION _____

DUTIES AND RESPONSIBILITIES _____

SUPERVISOR _____ PHONE NUMBER _____

REASON FOR LEAVING _____

MAY WE CONTACT THE COMPANY Yes No

NAME OF EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

EMPLOYED FROM _____ TO _____

TITLE / POSITION _____

DUTIES AND RESPONSIBILITIES _____

SUPERVISOR _____ PHONE NUMBER _____

REASON FOR LEAVING _____

MAY WE CONTACT THE COMPANY Yes No

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EDUCATION:

	High School	College / University	Graduate
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma Degree			
Field of Study			

MISCELLANEOUS APPLICATION QUESTIONS:

Do you own or have access to reliable transportation that will allow you to consistently arrive to work on time?

Yes No

List all computer programs and operating systems you are proficient in?

Describe Specialized Training, Military Experience, Special Skills and Honors and Awards:

Describe any/all skills that will help you succeed at the job you are applying for:

It is the policy of Reloaderz NJ, LLC to recruit, hire, train, promote, transfer and compensate our employees and provide all other conditions of employment without regard to race, color, creed, religion, national origin, age, sex, gender identity, genetic information, marital status, lawful alien status, sexual orientation, physical or mental disability, citizenship status, veteran status, employment status or any other basis prohibited by applicable law.

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To be considered for a role at Reloaderz NJ that requires the handling of firearms, you are subject to investigation by the ATF and New Jersey State Police. If you are applying for such a position; Rental, Sales, Gunsmith, or RSO, you may encounter the following questions on official State and Federal forms. Please answer them truthfully and to the best of your knowledge. If you are not applying for any of the above listed positions the completion of this form is not required and is voluntary.

APPLICANT QUESTIONNAIRE:

DO YOU POSSESS A VALID / CURRENT FID CARD? Yes No

ARE YOU A CURRENT NRA RANGE SAFETY OFFICER? Yes No

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY IN THIS OR ANY OTHER STATE?
 Yes No

HAVE YOU EVER BEEN CONVICTED OF THE CRIME OF DOMESTIC VIOLENCE IN THIS OR ANY OTHER STATE?
 Yes No

HAVE YOU EVER BEEN ADJUDICATED AS A MENTAL DEFECTIVE OR HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION?
 Yes No

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME THAT WOULD PREVENT YOU FROM OBTAINING A FIREARMS ID CARD?
 Yes No

Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? *The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.***

Yes No

**PLEASE READ OVER YOUR ENTIRE APPLICATION
WHEN FINISHED CONTINUE TO THE NEXT PAGE**

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THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I UNDERSTAND THAT IF THIS APPLICATION IS DEEMED INCOMPLETE, I WILL NOT PROCEED THROUGH THE APPLICATION PROCESS.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE