



# CENTURY ARMS, INC. CENTURY INTERNATIONAL ARMS, INC.

236 Bryce Boulevard  
Fairfax, Vermont 05454  
(802) 527-1258

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

**IF YOU HAVE EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR DOMESTIC ABUSE, CENTURY ARMS, INC. / CENTURY INTERNATIONAL ARMS, INC. CANNOT EMPLOY YOU.**

**IF YOU ARE A CURRENT USER OF ILLEGAL DRUGS, CENTURY ARMS, INC. / CENTURY INTERNATIONAL ARMS, INC. CANNOT EMPLOY YOU.**

### PERSONAL INFORMATION (Please PRINT)

FULL NAME	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS (Street, City, State, Zip)	
PHYSICAL ADDRESS (If Different From Mailing)	
TELEPHONE	

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING PRESENT EMPLOYER:		
HAVE YOU EVER APPLIED TO CENTURY ARMS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF APPLICATION? _____		
HAVE YOU EVER WORKED FOR CENTURY ARMS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE(S) EMPLOYED: _____		
NAME OF LAST SUPERVISOR AT CENTURY ARMS:		
FROM WHERE/WHOM HAVE YOU LEARNED ABOUT THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> FRIEND name): _____ <input type="checkbox"/> OTHER (explain): _____		

## EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

## CURRENT EMPLOYER

NAME OF PRESENT EMPLOYER			
ADDRESS (Street, City, State, Zip)			
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK YOU PERFORM			
REASON FOR LEAVING THIS EMPLOYER			
NAME OF SUPERVISOR / MANAGER		TITLE	TELEPHONE

## PREVIOUS EMPLOYER

NAME OF FORMER EMPLOYER			
ADDRESS (Street, City, State, Zip)			
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		
DESCRIPTION OF WORK YOU PERFORMED			
REASON FOR LEAVING THIS EMPLOYER			
NAME OF SUPERVISOR / MANAGER		TITLE	TELEPHONE



**Have you ever been convicted of a felony or misdemeanor domestic abuse?**

**YES**       **NO**

**If YES, please understand you cannot work at Century International Arms, Inc. / Century Arms, Inc.**

**Do you use illegal drugs?**       **YES**       **NO**

**If YES, please understand you are required to pass a pre-employment drug screening. If you cannot pass the screening, you cannot work at Century International Arms, Inc. / Century Arms, Inc.**

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## **AUTHORIZATION**

*“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. I release the references, employers, and educational institutions listed to give to Century International Arms, Inc. / Century Arms, Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I furthermore release Century International Arms, Inc. / Century Arms, Inc. from any and all liability pertaining to the utilization of such information.*

*I understand and agree that no representative of Century International Arms, Inc. / Century Arms, Inc. has authorization to enter into any employment agreement for any specified period of time. I acknowledge that employment with Century International Arms/Century Arms, Inc. is strictly "at will" unless an authorized written employment agreement is approved and signed by Senior Management.”*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Your Full Name**