



## EMPLOYMENT APPLICATION

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Barnes Bullets ("Barnes") does not discriminate against applicants or employees because of their age, race, color, national origin, sex (except where sex is a bona fide occupational qualification) or on any other basis prohibited by law. Furthermore, Barnes will not discriminate against an applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by Barnes for the job. Finally, as a Federal Contractor, we use E-VERIFY to verify employment eligibility of newly hired employees, regardless of citizenship.

<b>PLEASE PRINT OR TYPE CLEARLY</b>				DATE
NAME (Last)	(First)	(Middle)	CELLULAR PHONE NUMBER ( )	
CURRENT ADDRESS (Street)	(City)	(State)	(Zip Code)	HOME PHONE NUMBER ( )
RESIDENT ADDRESS (Street) (If different from above)	(City)	(State)	(Zip Code)	PHONE NUMBER ( )

ARE YOU 18 YEARS OR OLDER  YES  NO IF NOT, STATE YOUR DATE OF BIRTH \_\_\_\_\_

<b>TYPE OF POSITION DESIRED</b>
POSITION APPLIED FOR:

<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> OTHER			SALARY EXPECTED
WILL YOU RELOCATE?	TO WHAT AREA?	WILL YOU TRAVEL?	DATE AVAILABLE TO WORK
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR BARNES BULLETS?		IF YES, WHEN AND WHERE?	

To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire; or upon your first day of work if your employment period will be less than three (3) days.

HOW WERE YOU REFERRED TO BARNES BULLETS?
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It is our policy to do a post offer drug screen for all jobs. Are you willing to take this test?  
 YES  NO

HAVE YOU **EVER** BEEN CONVICTED OF A MISDEMEANOR  YES  NO FELONY CRIME  YES  NO

IF YES, PLEASE EXPLAIN: (WHERE) (WHEN) (CHARGE) (SENTENCE)
(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.

## RECORD OF EDUCATION

Names and Address of School	Dates Attended		Graduated		Type of Degree/ Diploma Received or Expected	Major/Minor Field of Study
	From	To	YES	NO		
	Mo/Yr	Mo/Yr				
<b>High School (Last Attended) or GED:</b> _____ _____ _____						
<b>College/Universities:</b> _____ _____ _____						
<b>Graduate School:</b> _____ _____ _____						
<b>Other (Business, Technical, Secretarial):</b> _____ _____ _____						

LIST ANY CLUBS, ORGANIZATIONS, SOCIETIES, OR PROFESSIONAL GROUPS TO WHICH YOU BELONG WHICH HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB THAT YOU ARE SEEKING.

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LIST ANY HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING.

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LIST ANY SPECIAL SKILLS OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

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DO YOU POSSESS A VALID CURRENT DRIVER'S LICENSE (ONLY FOR JOBS REQUIRING DRIVING A VEHICLE)?  
 YES  NO

DRIVER'S LICENSE NUMBER AND STATE \_\_\_\_\_

### MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES?     YES     NO

IF YES, LIST ANY SPECIAL SKILLS OR ABILITIES YOU DEVELOPED WHILE IN MILITARY SERVICE WHICH DIRECTLY RELATE TO THE JOB WHICH YOU ARE APPLYING.

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1. NAME AND ADDRESS OF EMPLOYER	<u>STARTING POSITION</u>		<u>ENDING POSITION</u>
	SALARY		NAME AND TITLE OF SUPERVISOR
	Starting \$	Ending \$	
From Mo. _____ Yr. _____ TO Mo _____ Yr	REASON FOR LEAVING		May we contact Supervisor? [ ] Yes [ ] No
PHONE NUMBER Area Code ( )			

Job Duties

2. NAME AND ADDRESS OF EMPLOYER	<u>STARTING POSITION</u>		<u>ENDING POSITION</u>
	SALARY		NAME AND TITLE OF SUPERVISOR
	Starting \$	Ending \$	
From Mo. _____ Yr. _____ TO Mo _____ Yr	REASON FOR LEAVING		
PHONE NUMBER Area Code ( )			

Job Duties

3. NAME AND ADDRESS OF EMPLOYER	<u>STARTING POSITION</u>		<u>ENDING POSITION</u>
	SALARY		NAME AND TITLE OF SUPERVISOR
	Starting \$	Ending \$	
From Mo. _____ Yr. _____ TO Mo _____ Yr	REASON FOR LEAVING		
PHONE NUMBER Area Code ( )			

Job Duties

USE THIS SPACE TO INCLUDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

**This Application shall only remain active for 60 days. After 60 days, if you are still interested in employment at BARNES BULLETS, you must fill out a new application.**

**BARNES BULLETS EMPLOYEES OR APPLICANTS FOR EMPLOYMENT ARE SUBJECT TO TESTING FOR DRUG USE, INCLUDING MARIJUANA.**

Offers of employment for some classifications are conditioned upon the results of a physical examination given by a representative of the Company's medical staff.

I hereby certify that all statements made in this application and interview(s) are true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information or omission of facts given in my application or interview(s) may be justification for refusal to hire or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations including, but not limited to, law enforcement agencies and licensing agencies, having relevant information or knowledge to provide it to Barnes or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, BARNES will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Barnes Bullets, its subsidiaries and affiliates, and me for either employment or for the providing of a benefit. If an employment relationship is established, I understand and acknowledge that it is of an "at will" nature, which means that my employment can be terminated at any time, with or without cause, at the option of either BARNES or myself. I further understand that this "at will" employment relationship cannot be changed by any written document or conduct unless such change is specifically authorized in writing by an authorized officer of BARNES.

In signing this form, I certify that I understand all the questions and statements in this application.

Further, if granted a position with Barnes Bullets, or any of its subsidiaries or affiliates, I will comply with all its rules and regulations, including the Business Conduct Policy and Non-Disclosure Agreement.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FOR HUMAN RESOURCES USE ONLY**

DATE APPLICATION RECEIVED	REFERRAL SOURCE
INTERVIEWED BY	DEPARTMENT
REFERENCE CHECK COMPLETED (DATE AND BY WHOM)	
DISPOSITION AND REASON	