



Instructions for filling out the application:

Fill out the application

Select "Print" and print as a pdf

This will save the data you have entered in the form

Send the pdf to:

[hr@barnesbullets.com](mailto:hr@barnesbullets.com) or fax to 1-833-923-0578



## EMPLOYMENT APPLICATION

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Barnes Bullets 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 Bullets 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 Bullets 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 ( )
EMAIL ADDRESS				
RESIDENT ADDRESS (Street)	(City)	(State)	(Zip Code)	
(If different from above)				
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT AREA?	WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO WORK	
HAVE YOU EVER WORKED FOR BARNES BULLETS?  IF YES, WHEN AND WHERE?	DO YOU HAVE ANY RELATIVES THAT WORK FOR BARNES BULLETS OR ARE YOU AWARE IF A RELATIVE IS EMPLOYED BY A CUSTOMER OR SUPPLIER OF BARNES BULLETS?  IF YES, PLEASE LIST NAMES AND POSITIONS (IF KNOWN).			

How were you referred to Barnes Bullets?

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.

It is our policy to do a post offer drug screen for all jobs. Are you willing to take this test?  YES  NO

Please be advised that Federal law specifies certain persons who must be denied access to substantially completed firearms, called "Prohibited Persons." As a responsible manufacturer of firearms and ammunition, it is Barnes Bullets policy that all employees are eligible to have access to substantially completed firearms. To ensure compliance, all hires are subject to a criminal background check as part of the onboarding process. More detailed information will be provided in the event you are offered a position at the Company. In general terms, however, "Prohibited Persons" are (1) persons who are under indictment or who have been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year; (2) fugitives from justice; (3) unlawful users of, or addicted to, marijuana, drugs, or controlled substances; (4) persons who have been adjudicated mentally defective or involuntarily committed to a mental institution; (5) persons who have been dishonorably discharged from the Armed Forces; (6) persons subject to a restraining order involving harassing, stalking, or threatening their child or intimate partner; (7) persons convicted of a misdemeanor crime of domestic violence; (8) persons who have renounced their US citizenship; and (9) illegal aliens.

## 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				
	Mo/Yr	Mo/Yr	YES	NO		
<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.

---

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

---

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

---

### 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.

---

## PREVIOUS EMPLOYMENT

<b>1. NAME AND ADDRESS OF EMPLOYER</b>	<u>STARTING POSITION</u>	<u>ENDING POSITION</u>
	Starting Salary \$	NAME AND TITLE OF SUPERVISOR
	Ending Salary \$	
	From Mo.    Yr            TO Mo        Yr	REASON FOR LEAVING
PHONE NUMBER		May we contact Supervisor? [   ] Yes    [   ] No
<b>Job Duties</b>		
<b>2. NAME AND ADDRESS OF EMPLOYER</b>	<u>STARTING POSITION</u>	<u>ENDING POSITION</u>
	Starting Salary \$	NAME AND TITLE OF SUPERVISOR
	Ending Salary \$	
	From Mo    Yr            TO Mo        Yr	REASON FOR LEAVING
PHONE NUMBER		
<b>Job Duties</b>		
<b>3. NAME AND ADDRESS OF EMPLOYER</b>	<u>STARTING POSITION</u>	<u>ENDING POSITION</u>
	Starting Salary \$	NAME AND TITLE OF SUPERVISOR
	Ending Salary \$	
	From Mo    Yr            TO Mo        Yr	REASON FOR LEAVING
PHONE NUMBER		
<b>Job Duties</b>		

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

ARE YOU A PARTY TO A NON-COMPETE AGREEMENT WITH ANY OF YOUR PREVIOUS EMPLOYERS? [ ] YES [ ] NO

IF YES, PLEASE PROVIDE COPIES OF AGREEMENT(S).

**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 Bullets 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 Bullets 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 Bullets 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 Bullets.

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.

\_\_\_\_\_  
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	

## Voluntary Applicant Data Record

This company is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color creed, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our hiring practices. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

Name	
Date	

### Please Specify Your Sex

Check one

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------

I choose not to disclose	<input type="checkbox"/>
--------------------------	--------------------------

### Hispanic or Latino

Check one

No	<input type="checkbox"/>
----	--------------------------

Yes	<input type="checkbox"/>
-----	--------------------------

I choose not to disclose	<input type="checkbox"/>
--------------------------	--------------------------

Check all that apply

White	<input type="checkbox"/>
-------	--------------------------

Black or African American	<input type="checkbox"/>
---------------------------	--------------------------

Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
---	--------------------------

Asian	<input type="checkbox"/>
-------	--------------------------

American Indian or Alaskan Native	<input type="checkbox"/>
-----------------------------------	--------------------------

**OR**

I choose not to disclose	<input type="checkbox"/>
--------------------------	--------------------------

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**PRE-OFFER INVITATION TO SELF-IDENTIFY AS A VETERAN**

1. This employer is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - • a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - • a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- • An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN OR I CHOOSE NOT TO DICLOSE

3. Submission of this information is voluntary and refusal to provide it will not subject you to any



adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

**4.** The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

**5.** [Company]'s various action oriented programs help [Company] maintain equal employment opportunity in the workforce, reaffirming its commitment to the spirit and letter of affirmative action law.