



Fill out application and send it to

hr@barnesbullets.com

or

Fax to 1-833-923-0578

Visit

barnesbullets.com/careers

to view open positions

or to download an electronic application.

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		
High School (Last Attended) or GED:						
College/Universities:						
Graduate School:						
Other (Business, Technical, Secretarial):						

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

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

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"/>
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Female	<input type="checkbox"/>
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I choose not to disclose	<input type="checkbox"/>
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Hispanic or Latino

Check one

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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I choose not to disclose	<input type="checkbox"/>
--------------------------	--------------------------

Check all that apply

White	<input type="checkbox"/>
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Black or African American	<input type="checkbox"/>
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Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
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Asian	<input type="checkbox"/>
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American Indian or Alaskan Native	<input type="checkbox"/>
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OR

I choose not to disclose	<input type="checkbox"/>
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Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want 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.