

Target Masters West

Milpitas Shooting Range, Inc. - 408-263-7468 - 122 Minnis Circle – Milpitas, CA 95035

An Equal Opportunity Employer

Please Print

Date ___/___/___ First Name _____ Middle _____ Last _____

Cell (____) _____ - _____ Home (____) _____ - _____ Email _____

Home: City _____ Zip _____ Address _____

Please answer all of the following questions and give details as requested – circle the correct answer when chooses are given.

I am looking to work: Full-Time 40+ Part-Time _____ (how many hours?) Undecided

Have you ever worked here before? No – Yes...Details _____

Have you ever applied for work here before? No – Yes...Details _____

Do you have any friends or relatives who have or are working for TMW? No – Yes...Details _____

Do you have reliable transportation to get to and from work? No – Yes...Details _____

What is your age group? Under 18 18-21 over 21 (several tasks are age restricted by law)

Can you present evidence of your US Citizenship or proof of your legal right to live and work in this country? Yes – No

All employees of TMW are multipurpose employees – all tasks required to run the range and help customers are performed by all employees – this includes: restocking ammo and supplies (**heavy lifting**), facility maintenance (**wearing a respirator**), facility cleanliness (**janitorial work**), range safety officer work (**clear and precise English skills**), helping or performing firearm sales (**legible handwriting**), Verifying and understanding Federal & State regulations (**analytical skills**) and working with the public (**people skills**). We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Do you have any work restrictions that we should be aware of? (explain) _____

You must be eligible to own and posses handguns - in order to work for this facility. All employees will be certified through the state to perform Hands-On-Demos. **This certification will include a back ground check.**

Have you ever been arrested? No – Yes...Give Details _____

TMW is staffed from 9:30am to 12:30am everyday – we need to know what hours during these times you are not available.

I am **not available** during the following hours: (be advised- working weekends and nights is almost always required)

Mondays _____ Tuesdays _____

Wednesdays _____ Thursdays _____

Fridays _____ Saturdays _____

Sundays _____

Please list activities or commitments that you may need time off of work for?

Use back side of form to provide additional information.

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Why do you want to work here at the range? _____

What firearms experience do you have? _____

What Hobbies do you enjoy? _____

What Skills do you bring to the Job? _____

LEAD WARNING:

As TMW is a shooting range, and LEAD is a component of ammunition shot here, you need to be aware of the following: LEAD is a substance that when inhaled or ingested in excessive amounts can cause irreversible health issues and even death. Working here at the range will expose you to LEAD dust in the air and the opportunity to ingest LEAD if you do not follow proper hygiene practices. Small amounts of LEAD exposure have been found by State and Federal health agency to pose no noticeable health issues. We here at TMW, do everything we can feasibly, to eliminate and reduce your exposure to LEAD. However, safe levels can only be achieved by following all company guidelines and procedures (which includes Federal & State regulations) in and around the building. Failure to follow these guide lines can lead to serious consequences including cancer. We do blood LEAD monitoring to insure that you have not been exposed above the recommended guidelines set by the State and Federal regulations. However, it is up to you and how well you follow procedures to insure your health and safety. I have read the above notice and I understand the risks of working at an indoor shooting range and I will take responsibility for learning and understanding all company policies to protect myself and others from the hazards of LEAD. _____ initial

Education background: Starting with your Freshman year in High School

School Name	City	State	Years	Degree /Certificate
1 _____	_____	_____	_____	_____
Course of study _____				
2 _____	_____	_____	_____	_____
Course of study _____				
3 _____	_____	_____	_____	_____
Course of study _____				
4 _____	_____	_____	_____	_____
Course of study _____				
5 _____	_____	_____	_____	_____
Course of study _____				
6 _____	_____	_____	_____	_____
Course of study _____				
7 _____	_____	_____	_____	_____
Course of study _____				
8 _____	_____	_____	_____	_____
Course of study _____				

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Provide 5 Years Employment / Activity History: *List any terms of military service or FT education - account for your time.*

Employer _____ Phone (____) _____ - _____ Contact _____ Contact Title _____
 City _____ Zip _____ Address _____ **May we contact for a reference? Yes - No**
 State Date ____/____/____ Starting Pay \$ _____ PT - FT Position _____
 End Date ____/____/____ Ending Pay \$ _____ Reason for leaving: _____
 Job duties: _____

Office Use

Employer _____ Phone (____) _____ - _____ Contact _____ Contact Title _____
 City _____ Zip _____ Address _____ **May we contact for a reference? Yes - No**
 State Date ____/____/____ Starting Pay \$ _____ PT - FT Position _____
 End Date ____/____/____ Ending Pay \$ _____ Reason for leaving: _____
 Job duties: _____

Office Use

Employer _____ Phone (____) _____ - _____ Contact _____ Contact Title _____
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References

Name _____ cell-home-office (_____) _____ - _____ Years Know _____

City _____ Zip _____ Address _____

How do you know this person? _____

Office Use: _____

Name _____ cell-home-office (_____) _____ - _____ Years Know _____

City _____ Zip _____ Address _____

How do you know this person? _____

Office Use: _____

Name _____ cell-home-office (_____) _____ - _____ Years Know _____

City _____ Zip _____ Address _____

How do you know this person? _____

Office Use: _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery. _____ initial

I hereby authorize Target Masters West, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____ initial

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the owner of the company. _____ initial

TMW is a drug free work site - due to safety concerns all employees may be required to pass random drug screening as a condition of employment. _____ initial

I understand that all employees are subject to a 90 day probation period. _____ initial

Date ____/____/____ Signature _____

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