

**Application for Employment**

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

**Metro Gun Club**  
10601 Naples St NE  
Blaine, MN 55449  
763-786-5880

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NO. STREET CITY STATE ZIP CODE

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

**SPECIFIC DAYS AND HOURS NOT ABLE TO WORK:**

\_\_\_\_\_  
MON TUES. WED. THURS. FRI. SAT. SUN.

CAN YOU WORK WEEKENDS? \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DISABILITIES? \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US? IF YES, WHEN? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WORKING FOR US: \_\_\_\_\_  
NAME FRIEND/RELATIVE

**EDUCATION**

SCHOOL	NAME & LOCATION	HIGHEST GRADE COMPLETED
HIGH		
COLLEGE		
OTHER		

Do you have transportation to your job? Y / N

**Person to notify in case of an emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_