

## EMPLOYMENT APPLICATION

### 1. Employer Information

Employer: Specialty Cartridge, Inc.  
Address: 9126 Industrial Blvd.  
City/State/ZIP: Covington, Georgia 30014  
Telephone: (770) 788-5200

It is the policy of Specialty Cartridge, Inc. DBA Atlanta Arms to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

### 2. Applicant Information

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

### 3. Emergency Contact

Who should be contacted if you are involved in an emergency?  
Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: \_\_\_\_\_

5. Salary Desired: \$\_\_\_\_\_ per \_\_\_\_\_

6. Who referred you to our company? \_\_\_\_\_

7. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

8. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. How will you get to work? \_\_\_\_\_

10. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state any limitations:

\_\_\_\_\_

11. If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. If you are offered employment, when would you be available to begin work? \_\_\_\_\_

13. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you require? \_\_\_\_\_

15. Have you ever been convicted of a crime, including traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

**THE EXISTANCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.**

16. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking.

Enter the number of years of experience and circle the number which corresponds to your availability for each particular skill. (One (1) represents poor ability, while five (5) represents exceptional ability.

Skill	Years of Experience	Ability/Rating
<input type="checkbox"/> Familiarity with warehousing practices	_____	1 2 3 4 5
<input type="checkbox"/> Ability to lift heavy objects	_____	1 2 3 4 5
<input type="checkbox"/> Driving a forklift	_____	1 2 3 4 5
<input type="checkbox"/> Working in a fast pace environment	_____	1 2 3 4 5
<input type="checkbox"/> Working with machinery	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

17. Applicant Employment History

List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Mo./Year) \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Mo./Year) \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Mo./Year) \_\_\_\_\_

18. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, degree received: \_\_\_\_\_

High School/GED Name and Address

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Did you receive a degree?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

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Awards, Honors, Special Achievements:

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### 19. References

List any people who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

20. Please provide any other information that you believe should be considered: \_\_\_\_\_

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## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Specialty Cartridge, Inc. DBA Atlanta Arms to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be “at-will”. In other words, the relationship will be entirely voluntary in nature, either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Specialty Cartridge, Inc. DBA Atlanta Arms, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

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DATE