

Employment Application

727-954-6198 Kulasfirearms.com

| | | | Date of Application: | / /20 |
|--|--|-------------|----------------------|----------|
| PERSONAL INFORMATION | | | | |
| LAST NAME | FIRST NAME | | MIDDLE NAME | |
| | | | | |
| STREET ADDRESS | CITY | AND STATE | | ZIP CODE |
| PRIMARY PHONE NUMBER | SOCIAL SECURITY NUM | /IRFR· | DATE OF BIR | ?TH |
| () - | - | - | - | - |
| EMAIL ADDRESS | | | | |
| | | | | |
| POSITION APPLIED FOR | | | | |
| | | | | |
| Shift preferences (if any) & Availability | | | | |
| □ 5AM – 1PM □ 12PM – 8PM □ 8AM – 4AM | ☐ Mon ☐ Tues ☐ Wed M ☐ Sat ☐ Sun ☐ Weekdays | |] Fri | |
| | , | | Oak | |
| Would you prefer: ☐ Full Time ☐ Part Time | IT Part Time: □ AM □ PM □ | ı vveekenas | Only | |
| Have you ever filed an application with us before | ? | ☐ Yes | □No | |
| If Yes, give date of application: | | | | |
| Have you ever been employed with us before? | | ☐ Yes | □ No | |
| On what date would you be available to start wor | king: | | | |
| Have you ever been accused of any domestic vio | plence or any physical altercation | n? □ Yes | □ No | |
| Have you ever been arrested? | | ☐ Yes | □ No | |
| Do you use any tobacco products including any v | vape products? | ☐ Yes | □ No | |
| Do you use any recreational drugs? | | ☐ Yes | □ No | |
| Are you prescribed or use any non-prescription of from any job function or use of equipment? | lrugs which would prohibit you | □ Yes | □ No | |
| Are prohibited from owning or purchasing firearm | ns? | ☐ Yes | □ No | |
| Do you own and insure your own transportation? | | ☐ Yes | □ No | |
| Have you had any traffic incidences in the last 7 | years? | ☐ Yes | □ No | |
| Are you under any non-disclosure/ non-compete | agreements? | □ Yes | □No | |

| PREVIOUS EMPLOYMENT AND WORK EXPERENC | E | | | |
|--|-----------------|--------------------------------|---|--|
| Company/ Company Address | Date | (Year) | Additional Information | |
| Company Company Address | From | То | Additional information | |
| Name: | | | Direct Supervisor Name: | |
| Address: | | | | |
| Address. | | | Reason for leaving: | |
| | | | _ | |
| Phone Number: | | | | |
| | | | OK to contact: | |
| | | | □ Yes □ No | |
| | | | Do you still currently work for this company? ☐ Yes ☐ No | |
| Roles and Responsibilities: | | What did | d you like about this job? | |
| Here please list all of your roles, duties, and tasks you were | | That are you me asset and job. | | |
| responsible for within the company. | | | | |
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| | | What did | d you not like about this job? | |
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| PREVIOUS EMPLOYMENT AND WORK EXPERENC | E | | | |
| | E Date (Y | ear) | Additional Information | |
| PREVIOUS EMPLOYMENT AND WORK EXPERENC Company/ Company Address | | ear) To | Additional Information | |
| | Date (Y | То | Additional Information Direct Supervisor Name: | |
| Company/ Company Address Name: | Date (Y | То | | |
| Company/ Company Address | Date (Y | То | | |
| Company/ Company Address Name: Address: | Date (Y | То | Direct Supervisor Name: | |
| Company/ Company Address Name: | Date (Y | То | Direct Supervisor Name: | |
| Company/ Company Address Name: Address: | Date (Y | To I | Direct Supervisor Name: | |
| Company/ Company Address Name: Address: | Date (Y | To I | Direct Supervisor Name: Reason for leaving: OK to contact: Yes No | |
| Company/ Company Address Name: Address: | Date (Y | To I | Direct Supervisor Name: Reason for leaving: OK to contact: Yes No Do you still currently work for this company? | |
| Company/ Company Address Name: Address: Phone Number: | Date (Y | To I | Direct Supervisor Name: Reason for leaving: OK to contact: Yes No Do you still currently work for this company? Yes No | |
| Company/ Company Address Name: Address: Phone Number: Roles and Responsibilities: | Date (Y | To I | Direct Supervisor Name: Reason for leaving: OK to contact: Yes No Do you still currently work for this company? | |
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| PREVIOUS EMPLOYMENT AND WORK EXPERENCE | CE | | | |
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| Company/ Company AddressDate (| | Year) | Additional Information | |
| Company Company Madicoc | From | To | | |
| Name: | | | Direct Supervisor Name: | |
| Address: | | | Reason for leaving: | |
| Phone Number: | | | OK to contact: ☐ Yes ☐ No Do you still currently work for this company? ☐ Yes ☐ No | |
| Roles and Responsibilities: | | What did you like about this job? | | |
| Here please list all your roles, duties, and tasks you responsible for within the company. | | What did | I you not like about this job? | |
| PREVIOUS EMPLOYMENT AND WORK EXPERENCE | CE Date (| Voor) | Additional Information | |
| Company/ Company Address | From | To | Additional information | |
| Name: | - | - | Direct Supervisor Name: | |
| Address: | | | | |
| | | | Reason for leaving: | |
| Phone Number: | | | | |
| | | | OK to contact: ☐ Yes ☐ No Do you still currently work for this company? ☐ Yes ☐ No | |
| Roles and Responsibilities: Here please list all of your roles, duties, and tasks you were responsible for within the company. | | What did | I you like about this job? | |
| | | What did | I you not like about this job? | |

| EDUCATION AND WORK-RELATED TRAINING | | | | |
|-------------------------------------|---------------------------------|------|-------|-------------------------------|
| High School | High School High School Address | | Year) | Main Studies |
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| | University/ Callege | | | |
| College/ University | University/ College Address | From | То | Studies/Major/Minor |
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| Other Work-Related | | | | Training, certifications, and |
| Training/ Education | Address | From | То | experience |
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| ADDITIONAL SUMMARY QUESTIONS |
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| With your previous work experience, please describe how you will be a good fit for Kulas? |
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| Explain your skills that you feel would be beneficial for this position? |
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| What extracurricular activities do you have that relate to your skills and passions? |
| whiat extracumoular activities do you have that relate to your skills and passions? |
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APPLICANTS STATEMENT

Please indicate that you have read and that you understand each paragraph of the Applicants Statement by placing your initials beside each paragraph, along with signing and dating the bottom of this form.

| I certify that this application was completed by me, and it as well as all other information is provided during his application process, is TRUE and COMPLETE to the best of my knowledge. In the case of employment, I nderstand that false, misleading or omitted information in the application process may result in discharge. | | | | |
|---|---|--|--|--|
| | d all statements contained in this application, which may include ground check, as may be necessary in investigating employment | | | |
| create an employment contract. I further understand and without fixed term, and may be terminated at any time, v | application or conveyed during any interview, is intended to d agree that if I am hired, my employment will be at will and with or without cause or prior notice, at the option of myself or been made to me, and I understand that no such promise or writing by an authorized individual. | | | |
| • | , all individuals who are hired must as a condition of erify that their identity and United State citizen status, or their | | | |
| I understand that I may be required to pass and if I am hired, a condition of my employment will be t | s a pre-employment drug screening test before starting work, that I abide by Kulas LLC. Drug and Alcohol Policy. | | | |
| | not indicate that there is a position open and does not obligate any rules, policies, and procedures. Kulas LLC. retains the right at any time. | | | |
| Signature | Date | | | |
| Interviewed by | Data and Time | | | |