



## APPLICATION FOR EMPLOYMENT

**Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Salary Desired:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### GENERAL INFORMATION

Are you either a US citizen or authorized to work in the US without a sponsor VISA? Yes \_\_\_ No \_\_\_

As a firearms manufacturer regulated by the U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives, LMT Defense must consider your answers to the following questions to determine whether the Company may consider your application for employment:

1. Are you under indictment or information in any court for FELONY, or any other crime, for which a judge could imprison you for more than one year? Yes \_\_\_ No \_\_\_
2. Have you ever been convicted in any court of a FELONY, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? Yes \_\_\_ No \_\_\_
3. Have you been discharged from the Armed Forces under DISHONORABLE conditions? Yes \_\_\_ No \_\_\_
4. Are you subject to a court order restraining you from harassing, stalking or threatening your child or an intimate partner or child of such partner? Yes \_\_\_ No \_\_\_
5. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? Yes \_\_\_ No \_\_\_
6. Have you ever renounced your United States citizenship? Yes \_\_\_ No \_\_\_
7. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? Yes \_\_\_ No \_\_\_
8. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Yes \_\_\_ No \_\_\_

**EDUCATION**

Education Type	Name and Location	Years Attended	Graduate/Degree
High School			
College/Trade School			
Other			
Other			

**EMPLOYMENT/MILITARY HISTORY**

Dates Employed	Name and Address of Employer	Salary	Position/Rank	Reason for Leaving
_____ to _____				
_____ to _____				
_____ to _____				
_____ to _____				

**REFERENCES** (Give the names of three (3) persons not related to you, whom you have known at least one (1) year.)

Name	Address	Phone #	Years Acquainted

This application is true and complete to the best of my knowledge. I understand that any false, incomplete or misleading information on this Application may subject me to disciplinary action up to and including termination whenever it might be discovered. I also understand that any unanswered questions on this Application may cause this Application to be rejected.

I also understand that LMT Defense is an “at will employer” and either the Company or I can end the employment relationship at will, at any time, with or without cause, for any reason not prohibited by law. LMT Defense and I further agree that the foregoing constitutes the entire understanding with respect to at will employment; it incorporates and merges any and all previous communications or understandings, supersedes any other written agreements, and cannot be amended or changed except in writing signed by both LMT Defense and me.

I also understand that employment will be subject to the satisfactory completion of a physical examination which may be administered after I receive a job offer but before I begin employment. **I also understand that my employment will be subject to the satisfactory completion of a company-paid drug test which may be administered after I receive a job offer but before I begin employment.**

I authorize LMT Defense to seek information about me from whatever source and I agree to hold the Company harmless from any and all claims arising from such request for information. I also agree that all former employers or any other persons may furnish this Company and its subsidiaries with all information concerning my suitability for employment and I hereby release such former employers, entities and others from all liability for providing such information.

I further understand that these terms can only be altered by a written agreement signed by myself and an authorized representative of company management.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_