



NATIONAL RIFLE ASSOCIATION OF AMERICA

INCORPORATED 1871

11250 WAPLES MILL ROAD
FAIRFAX, VA 22030

and Whittington Center
P.O. Box 700
Raton, NM 87740

APPLICATION FOR EMPLOYMENT

WELCOME TO NRA

THE NATIONAL RIFLE ASSOCIATION OF AMERICA IS AN EQUAL OPPORTUNITY EMPLOYER, AND IN ACCORDANCE WITH APPLICABLE FEDERAL AND VIRGINIA LAWS, WILL NOT DISCRIMINATE IN RECRUITMENT, EMPLOYMENT, PROMOTION, TRAINING OR ANY OTHER JOB-RELATED MATTERS.

WE APPRECIATE YOUR INTEREST IN THE NATIONAL RIFLE ASSOCIATION OF AMERICA AND THE TIME YOU WILL TAKE TO PREPARE THIS APPLICATION. PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION YOURSELF IN INK, GIVING COMPLETE ANSWERS TO THE QUESTIONS WHICH APPLY TO YOU. PLEASE FEEL FREE TO INCLUDE YOUR RESUME.

PLEASE PRINT

NAME: _____ Last First M.I.	HOME PHONE: _____
ADDRESS: _____ _____	DAY PHONE : _____
	May we contact you during the day? <input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN EMPLOYED BY NRA BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN?	DATE AVAILABLE
SALARY DESIRED	ARE YOU WILLING TO PERFORM BUSINESS TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES
	ARE YOU ABLE TO WORK OVERTIME IF REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES

POSITION INTERESTED IN : _____
HOW DID YOU HEAR OF THIS POSITION? _____
LIST ANY FRIEND OR RELATIVES WHO WORK AT NRA. _____

THE NATIONAL RIFLE ASSOCIATION WILL HIRE ONLY U.S. CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE U.S. ALL NEW EMPLOYEES ARE REQUIRED TO COMPLETE VERIFICATION FORMS (I-9 IMMIGRATION & NATURALIZATION SERVICE) TO VERIFY ELIGIBILITY FOR EMPLOYMENT IN THE U.S.

ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> NO <input type="checkbox"/> YES
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EDUCATION/TRAINING BACKGROUND:

TYPE OF SCHOOL	NAME & LOCATION	# YEARS COMPLETED? GRADUATED? DEGREE?	MAJOR STUDIES
HIGH SCHOOL			
COLLEGE			
BUSINESS SECRETARIAL			
POSTGRADUATE			
OTHER			

LIST RELEVANT SPECIALIZED TRAINING, CERTIFICATES, ACCREDITATION OR LICENSES:

LIST RECENT JOB RELEVANT STUDENT ACTIVITIES AND WHAT OFFICES HELD, IF ANY?

INDICATE THE TYPES OF OFFICE EQUIPMENT WITH WHICH YOU HAVE EXPERIENCE:

LIST THE TYPES OF COMPUTER SOFTWARE APPLICATIONS WITH WHICH YOU HAVE EXPERIENCE. INDICATE YOUR LEVEL OF PROFICIENCY FOR EACH:

EMPLOYMENT RECORD

LIST PRESENT OR MOST RECENT POSITION FIRST, THEN NEXT RECENT, ETC. PLEASE ACCOUNT FOR ALL TIME PERIODS.				
NAME AND ADDRESS OF FIRM				DESCRIBE YOUR DUTIES
TYPE OF BUSINESS		PHONE#		
YOUR TITLE		YOUR DEPARTMENT		
DATES (MM/YY)	FROM	TO	LAST SALARY	DID YOU RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR				REASON FOR LEAVING
NAME AND ADDRESS OF FIRM				DESCRIBE YOUR DUTIES
TYPE OF BUSINESS		PHONE#		
YOUR TITLE		YOUR DEPARTMENT		
DATES (MM/YY)	FROM	TO	LAST SALARY	DID YOU RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR				REASON FOR LEAVING
NAME AND ADDRESS OF FIRM				DESCRIBE YOUR DUTIES
TYPE OF BUSINESS		PHONE#		
YOUR TITLE		YOUR DEPARTMENT		
DATES (MM/YY)	FROM	TO	LAST SALARY	DID YOU RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR				REASON FOR LEAVING
NAME AND ADDRESS OF FIRM				DESCRIBE YOUR DUTIES
TYPE OF BUSINESS		PHONE#		
YOUR TITLE		YOUR DEPARTMENT		
DATES (MM/YY)	FROM	TO	LAST SALARY	DID YOU RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR				REASON FOR LEAVING

LIST EMPLOYMENT NOT SHOWN ABOVE OR ANY CIVIC, NRA OR OTHER ORGANIZATIONAL ACTIVITIES.				
FROM DATE	TO DATE	NAME AND ADDRESS OF COMPANY OR ACTIVITY	POSITION HELD	SALARY IF ANY

CRIMINAL RECORD

DISCLOSURE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION. YOUR CASE WILL BE JUDGED ON ITS OWN MERITS. HOWEVER, FALSIFICATION OF YOUR RECORD WILL RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED SUBSEQUENT TO HIRE.
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:

REFERENCES

PLEASE PROVIDE AT LEAST THREE (3) ADDITIONAL BUSINESS/PROFESSIONAL REFERENCES WHO ARE NOT MEMBERS OF YOUR FAMILY.	
NAME	PHONE NUMBER
COMPANY	POSITION
WORKING RELATIONSHIP (PEER, SUPERVISOR, SUBORDINATE)	
NAME	PHONE NUMBER
COMPANY	POSITION
WORKING RELATIONSHIP (PEER, SUPERVISOR, SUBORDINATE)	
NAME	PHONE NUMBER
COMPANY	POSITION
WORKING RELATIONSHIP (PEER, SUPERVISOR, SUBORDINATE)	

PLEASE READ THE FOLLOWING CAREFULLY, AND INDICATE YOUR CONCURRENCE BY SIGNING BELOW

I understand that this application does not constitute an expressed or implied contract of employment. If offered employment, I understand and acknowledge that the NRA is an "at-will" employer. Either the Association or I may terminate the employee/employer relationship at any time, with or without cause or notice. I authorize investigation of all statements contained in this application by NRA or third parties hired by NRA. I understand that misrepresentation (including omission of facts constituting misrepresentation or fraud) will be sufficient cause for discontinuing consideration of employment, or for dismissal should I have been hired prior to discovery of such misrepresentation. I understand that no representative of the NRA other than the Managers of Human Resources Services has any authority to make job offers or enter into any agreement, including pay or salary level, with the NRA. I further understand that this entire statement applies to the entire period before, during and after I may be employed.

Signature

Date



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AUTHORIZATION AND RELEASE

I hereby authorize the National Rifle Association, NRA, and third parties hired by NRA, to verify my educational records and to secure transcripts of that record, if so desired, to make inquiries of former employers as to my job performance, and to inquire of references as to my qualifications and desirability as an employee, to verify my criminal record, and I hereby release any person, educational body, former employer and given reference from any and all claims of whatever nature that I might have as a result of a response given to inquiries by the National Rifle Association.

APPLICANT NAME (Print)

SOCIAL SECURITY NUMBER

APPLICANT SIGNATURE

DATE