



170 Main Street, Norwalk, CT  
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(203) 750-0887  
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<b>Position Applying For:</b>
<b>Employment Type:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Date of Application:</b>
<b>Applicant Information</b>
<b>Full Legal Name:</b>
<b>Date of Birth:</b>
<b>Phone Number:</b>
<b>Full Mailing Address:</b>
<b>Email Address:</b>
Are you are a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are you willing to submit to a background check and drug screening? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are you willing to work weekends and evenings? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are you a Veteran who was honorably discharged? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Position Details</b>
Available Start Date:
Desired Salary or Hourly Wage:
How did you hear about this position?
<b>Work Experience - Attach resume or include additional sheets for other relevant work experience.</b>
<b>Start with Most Recent Employer</b>
Company 1 Name: Job Title: Dates of Employment: Responsibilities & Achievements: Manager Name: Manager Phone Number:
Company 2 Name: Job Title: Dates of Employment: Responsibilities & Achievements: Manager Name: Manager Phone Number:

**Education**

**Highest Level of Education Completed:**

High School  Associate  Bachelor  Master  Other \_\_\_\_\_

School Name:

Field of Study:

Graduation Year (if applicable):

**Skills & Qualifications**

List relevant skills, certifications, or licenses:

**References**

1st Ref Name:

1st Ref Relationship:

1st Ref Phone:

2nd Ref Name:

2nd Ref Relationship:

2nd Ref Phone:

**Additional Information**

Is there anything else you would like us to know?

**Applicant Certification**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination if hired.

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

*Please print, complete and return to On-Point Archery via email, [onpointarcheryct@gmail.com](mailto:onpointarcheryct@gmail.com)*