

LAST NAME		FIRST NAME		MIDDLE
ADDRESS/APT NO.			DATE OF APPLICATION	
CITY	STATE	ZIP		TYPE(S) OF WORK DESIRED
E-MAIL ADDRESS		PERSONAL WEBSITE		SALARY/WAGE DESIRED
HOME PHONE #	CELL PHONE #	WORK PHONE #	ARE YOU 18 YRS. OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO	



BULLSEYE

GLASS CO.

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY & PROVIDE ALL INFORMATION REQUESTED

Please complete all portions of this application. Incomplete application forms may not be accepted. Your application will be maintained in our active files through the end of the month in which it was received. You may submit a new application at any time. (Please advise us if you request reasonable accommodation in connection with the hiring process.)

AN EQUAL OPPORTUNITY EMPLOYER

Bullseye Glass Co. is an equal employment opportunity employer. Bullseye Glass Co. aims to select and retain the best qualified person for each position in the organization. Bullseye Glass Co. shall not discriminate in hiring, promotion, discharge, pay, fringe benefits, or other aspects of employment on the basis of race, color, religion, sex, national origin, age, disability, or any other status protected by applicable law. This policy applies to all employment practices and personnel actions. If hired, you will be required to submit identification in accordance with Immigration and Naturalization Service requirements.

INTERVIEW SCHEDULED FOR: _____ REFERENCES CHECKED: _____ DATE LETTER SENT: _____

EMPLOYMENT RECORD

Starting with the current or most recent, list all previous employers. Include self-employment and summer and part-time jobs.

If more space is required, please continue on a separate sheet. You may attach a resume, but please complete the application as well.

LAST OR CURRENT EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
STREET ADDRESS		BRIEF DESCRIPTION OF JOB DUTIES			
CITY	STATE				ZIP CODE
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER				
DATES WORKED: START _____ END _____	EMAIL ADDRESS				REASON FOR LEAVING
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
STREET ADDRESS		BRIEF DESCRIPTION OF JOB DUTIES			
CITY	STATE				ZIP CODE
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER				
DATES WORKED: START _____ END _____	EMAIL ADDRESS				REASON FOR LEAVING
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
STREET ADDRESS		BRIEF DESCRIPTION OF JOB DUTIES			
CITY	STATE				ZIP CODE
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER				
DATES WORKED: START _____ END _____	EMAIL ADDRESS				REASON FOR LEAVING
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
STREET ADDRESS		BRIEF DESCRIPTION OF JOB DUTIES			
CITY	STATE				ZIP CODE
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER				
DATES WORKED: START _____ END _____	EMAIL ADDRESS				REASON FOR LEAVING
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
STREET ADDRESS		BRIEF DESCRIPTION OF JOB DUTIES			
CITY	STATE				ZIP CODE
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER				
DATES WORKED: START _____ END _____	EMAIL ADDRESS				REASON FOR LEAVING

PROFESSIONAL/WORK REFERENCES

List two or more persons, not related to you, who have knowledge of your qualifications for the position for which you are applying.

NAME	TITLE/RELATIONSHIP	ADDRESS, IF KNOWN (STREET, CITY, STATE, ZIP)	PHONE NUMBER OR EMAIL ADDRESS	OCCUPATION

SPECIAL SKILLS

To be completed by applicant for office/clerical work:

To be completed by applicant for factory/warehouse work:

TYPING YES NO WORDS PER MINUTE _____

FORKLIFT YES NO YEARS OF EXPERIENCE _____

COMPUTER YES NO WHAT COMPUTERS? _____

WELDING YES NO YEARS OF EXPERIENCE _____

WORD PROCESSING OR SPREADSHEETS YES NO WORDS PER MINUTE _____

GLASS HANDLING/ CUTTING YES NO YEARS OF EXPERIENCE _____

LIST OTHER SKILLS, EQUIPMENT, AND/OR LANGUAGE EXPERIENCE YOU HAVE WHICH WOULD BE HELPFUL FOR THE POSITION FOR WHICH YOU ARE APPLYING

LIST OTHER SHOP/PRODUCTION SKILLS (QUALITY CONTROL, INVENTORY CONTROL, GENERAL WAREHOUSE OPERATION, GENERAL PRODUCTION OPERATIONS, ETC.)

EDUCATIONAL HISTORY

SCHOOL NAME	LOCATION (CITY, STATE)	MAJOR COURSE/SUBJECT	GRADUATE?	DEGREE OR CERTIFICATE
HIGH SCHOOL			<input type="radio"/> YES <input type="radio"/> NO	
TECHNICAL/TRADE (AFTER HIGH SCHOOL)			<input type="radio"/> YES <input type="radio"/> NO	
			<input type="radio"/> YES <input type="radio"/> NO	
COLLEGE (LIST ALL ATTENDED)			<input type="radio"/> YES <input type="radio"/> NO	
			<input type="radio"/> YES <input type="radio"/> NO	
			<input type="radio"/> YES <input type="radio"/> NO	
OTHER EDUCATION/TRAINING (INCLUDING MILITARY)			<input type="radio"/> YES <input type="radio"/> NO	
			<input type="radio"/> YES <input type="radio"/> NO	
			<input type="radio"/> YES <input type="radio"/> NO	

PROFESSIONAL MEMBERSHIPS, CERTIFICATES, OR LICENSES RELATED TO DESIRED WORK

MISCELLANEOUS

HAVE YOU EVER BEEN EMPLOYED BY BULLSEYE GLASS CO.?

YES NO IF YES, WHEN? _____

WHAT HOURS DO YOU PREFER TO WORK?

START TIME: _____ AM/PM END TIME: _____ AM/PM

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH BULLSEYE GLASS CO.?

YES NO IF YES, WHEN? _____ WERE YOU INTERVIEWED? YES NO

WHAT HOURS ARE YOU WILLING TO WORK?

START TIME: _____ AM/PM END TIME: _____ AM/PM

DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED BY BULLSEYE GLASS CO.?

YES NO IF YES, LIST: _____

DATE AVAILABLE TO START WORK: _____

DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S.?

YES NO

FOR WHICH ARE YOU APPLYING?

FULL TIME PART TIME

How were you referred to Bullseye for employment?

- INTERNET WHICH SITE? BULLSEYE.COM/HR CRAIGSLIST.COM JOBDANGO.COM MONSTER.COM OREGONLIVE.COM INDEED.COM
- OTHER _____
- SCHOOL WHICH ONE? _____
- FRIEND/EMPLOYEE WHO? _____
- OTHER HOW? _____

ARE YOU CURRENTLY EMPLOYED? YES NO
 IF YES, WHO CAN WE CONTACT AT YOUR EMPLOYER? _____ CAN WE CONTACT PRIOR EMPLOYERS? YES NO

CERTIFICATION OF ACCURATE INFORMATION

I hereby certify that the answers and other information on this application are true and correct to the best of my knowledge. I understand a misrepresentation or omission of facts on my part will be justification for disqualification from consideration for employment, or for dismissal, if employed.

I understand that once an offer for employment has been made, it is contingent on the result of a criminal background check. Furthermore, I authorize investigation of all statements and information contained herein, and to contact the references listed above, as well as any other persons who can verify this information, to give you any and all information concerning my previous employment and any other information they may have about me. I specifically release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause.

SUBSTANCE ABUSE & DRUG TESTING

I understand that Bullseye Glass Co. does not permit the use of drugs or alcohol during working hours nor may employees be impaired by drugs or alcohol while at work. Violation of this policy may result in termination. I am willing and agree to take a drug test as may be required.

SIGNATURE OF APPLICANT

DATE

IF ANY OF YOUR EDUCATIONAL OR EMPLOYMENT RECORDS ARE UNDER ANOTHER NAME, PLEASE PROVIDE THOSE NAMES

Bullseye Glass Co. wishes to thank you for your interest and employment application.