

LAST NAME		FIRST NAME		MIDDLE
ADDRESS/APT NO.			DATE OF APPLICATION	
CITY	STATE	ZIP		TYPE(S) OF WORK DESIRED
E-MAIL ADDRESS			SALARY/WAGE DESIRED	
HOME PHONE #	CELL PHONE #	WORK PHONE #	ARE YOU 18 YRS. OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER		
SALARY OR WAGE: START _____ END _____		DATES WORKED: FROM _____ TO _____		
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER		
SALARY OR WAGE: START _____ END _____		DATES WORKED: FROM _____ TO _____		
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER		
SALARY OR WAGE: START _____ END _____		DATES WORKED: FROM _____ TO _____		
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER		
SALARY OR WAGE: START _____ END _____		DATES WORKED: FROM _____ TO _____		
PRIOR EMPLOYER		TYPE OF BUSINESS	TITLE OR JOB CLASSIFICATION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER		
SALARY OR WAGE: START _____ END _____		DATES WORKED: FROM _____ TO _____		

## 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 (INCLUDE AREA CODE)	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="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL/TRADE (AFTER HIGH SCHOOL)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE (LIST ALL ATTENDED)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION/TRAINING			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> 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

WHAT HOURS ARE YOU WILLING TO WORK?

IF YES, WHEN? \_\_\_\_\_ WERE YOU INTERVIEWED?  YES  NO

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

