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 #	1	WORK PHONE #	ARE YOU 18 YRS. OF AGE OR OLDER? YES NO



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	○ FULL TIME ○ PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
СІТҮ	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER			
DATES WORKED:	EMAIL ADDRESS		REASON FOR LEAVING	
START END				
PRIOR EMPLOYER	TYPE OF BUSINESS		TITLE OR JOB CLASSIFICATION	○ FULL TIME ○ PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER			
DATES WORKED:	EMAIL ADDRESS		REASON FOR LEAVING	
START END				
PRIOR EMPLOYER	TYPE OF BUSINESS		TITLE OR JOB CLASSIFICATION	FULL TIME PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	'
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER			
DATES WORKED:	EMAIL ADDRESS		REASON FOR LEAVING	
START END				
PRIOR EMPLOYER	TYPE OF BUSINESS		TITLE OR JOB CLASSIFICATION	○ FULL TIME ○ PART TIME
STREET ADDRESS			BRIEF DESCRIPTION OF JOB DUTIES	'
CITY	STATE	ZIP CODE		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER			
DATES WORKED:	EMAIL ADDRESS		REASON FOR LEAVING	
START END				
DDOEESSIONAL/WOL	OV DEEEDENICE	= c		

PROFESSIONAL/WORK REFERENCESList 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 SE To be completed	_	or office/clerical work:		To be complet	ed by applicant fo	r factory/wareho	use work:
TYPING	○ YES ○ NO	WORDS PER MIN	IUTE	FORKLIFT	○ YES ○ NO	YEARS OF EXPE	RIENCE
COMPUTER	○ YES ○ NO	WHAT COMPUTE	ERS?	WELDING	○ YES ○ NO	YEARS OF EXPE	RIENCE
WORD PROCESSING OR SPREADSHEETS	○ YES ○ NO	WORDS PER MIN	IUTE	GLASS HANDLIN CUTTING	G/ OYES	YEARS OF EXPE	RIENCE
		D/OR LANGUAGE EXPERIEI ON FOR WHICH YOU ARE A					OL, INVENTORY CONTROL, IN OPERATIONS, ETC.)
EDUCATIO	NAL HIST	ORY					
	SCHOOL NA	ME	LOCATION (CITY, STATE)	MAJOR C	OURSE/SUBJECT	GRADUATE?	DEGREE OR CERTIFICATE
HIGH SCHOOL						○ YES ○ NO	
TECHNICAL/TRADE	(AFTER HIGH SCH	ноог)				○ YES ○ NO	
						○ YES ○ NO	
COLLEGE (LIST ALL	ATTENDED)					○ YES ○ NO	
						○ YES ○ NO	
						○ YES ○ NO	
OTHER EDUCATION	TRAINING (INCL	UDING MILITARY)				○ YES ○ NO	
						○ YES ○ NO	
						○ YES ○ NO	
PROFESSIONAL MEN	ABERSHIPS, CERT	IFICATES, OR LICENSES R	ELATED TO DESIRED WO	DRK			
MISCELLAN	IEOUS						
HAVE YOU EVER BEE	EN EMPLOYED BY	BULLSEYE GLASS CO.?		WHAT HOURS DO	YOU PREFER TO WOR	RK?	
YES NO IF	YES, WHEN?			START TIME:	AM/PM	END TIME:	AM/PM
HAVE YOU PREVIOU	SLY APPLIED FOR	EMPLOYMENT WITH BULL	SEYE GLASS CO.?	WHAT HOURS AF	E YOU WILLING TO V	VORK?	
IF YES, WHEN?		VERE YOU INTERVIEWED?		START TIME:	AM/PM	END TIME:	AM/PM
DO YOU HAVE ANY F	RELATIVE(S) CURI	RENTLY EMPLOYED BY BUL	LSEYE GLASS CO.?				
	YES, LIST:			DATE AVAILABLE	TO START WORK:		
ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S.? YES NO						E YOU APPLYING? O PART TIME	

How were you refe	rred to Bulls	eye for employment	?			
OINTERNET	WHICH SITE			1 O ZIPRECRUITER.COM		
○ school	WHICH ONE?	·				
○ FRIEND/EMPLOYEE	WHO?					
OTHER	HOW?					
ARE YOU CURRENTLY IF YES, WHO CAN WE	_	-			CAN WE CONTACT PRIOR EMPLOYERS? () YES ()	NO
CI	EDTIEI <i>C I</i>	ATION OF A	CUDATE INI	E O D M A T I O N		
I h	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.					
bao to e any	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.					
		nd agree that, if hire otice and without ca		s for no definite period	and may be terminated at any time	
SUBSTANCE ABUSE & DRUG TESTING						
em	ployees be ir	•	alcohol while at wo	rk. Violation of this pol	nol during working hours nor may icy may result in termination. I am	
						Ľ,
						0.17
						2000
SIGNATURE OF ARRIV	CANT				DATE	
SIGNATURE OF APPLI	CANI				DAIL	
IF ANY OF YOUR EDUC	CATIONAL OR E	MPLOYMENT RECORDS	ARE UNDER ANOTHER N	IAME, PLEASE PROVIDE THO	DSE NAMES	