

**Bullseye Industries, Inc.**

PO Box 125  
 462 W. Kindt St.  
 Juneau, WI 53039  
 920-386-4625

**Employment Application**

*Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ DOB \_\_\_\_\_  
 Are you a citizen of the United States? Yes No  
 Have you ever used another name, AKA, alias? Yes No If yes, what? \_\_\_\_\_  
 Have you applied here before? Yes No  
 When \_\_\_\_\_ Position applied for \_\_\_\_\_  
 Start when \_\_\_\_\_ Full-time Part-time Temporary Other: \_\_\_\_\_

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

<b>Employer 1:</b>			
Address		City	State Zip
Phone		Supervisor's name	
Job title		Reason for leaving	
Dates of employment	From	To	Salary or hourly rate
<b>Employer 2:</b>			
Address		City	State Zip
Phone		Supervisor's name	
Job title		Reason for leaving	
Dates of employment	From	To	Salary or hourly rate
<b>Employer 3:</b>			
Address		City	State Zip
Phone		Supervisor's name	
Job title		Reason for leaving	
Dates of employment	From	To	Salary or hourly rate

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**Education**

Schools/Colleges Attended	#years	Year grad.	Degree

Describe any special qualifications for this job:

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_  
Are you a veteran of the U.S. military?      Yes    No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

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

**INDUSTRIES, INC.**  
*For Personnel Only*

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Interview report by: \_\_\_\_\_