

**Application
For Employment**

**BRUTON WHOLESALE SUPPLY CO.
P.O.BOX 458
TOMPKINSVILLE, KY. 42167**

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

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

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Relative Employment Agency
 Friend Walk-in Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zipcode

Telephone (_____) _____ Social Security Number _____
Area Code

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here Yes No If Yes, give _____

Have you ever been employed here before? Yes No If Yes, give _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes
(Proof of citizenship or immigration status may be required upon employment) No

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain _____

Veteran of the U.S. military service? Yes No If Yes, Branch _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If Yes please explain _____

Are there workplace accommodations which would assure better job placement and / or enable you to perform your job to your maximum capability? Yes No

If Yes, please indicate _____

List professional, trade, business, or civil activities and offices held.
 (Exclude those which indicated race, color, religion, sex, or national origin):

Give name, address and telephone number of three references who are not related to you and are not previous employers

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.
 Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
	Reason for Leaving	Start	Final	
2	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
	Reason for Leaving	Start	Final	
3	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
	Reason for Leaving	Start	Final	

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:

Race /Ethnic White Black Hispanic American Indian / Alaskan Native Asian/Pacific Islander

Check if any of the following are Vietnam Era Veteran Disabled Veteran Handicapped Individual

Education

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship Skills, and Extra - Curricular Activities																	

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Interviewer _____

Date _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By: _____

NAME AND TITLE

DATE