

**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 Zip Code

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Have you filed an application here before?  Yes  No If yes, When? \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, When? \_\_\_\_\_

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  No (Proof of citizenship or immigration status may be required upon employment)

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 job requires?  Yes  No

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

If yes, please explain \_\_\_\_\_

Are you a Veteran of the U.S. military service?  Yes  No If yes, what 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 indicate \_\_\_\_\_

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.

Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Start	Final	
Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Reason for Leaving	Start	Final	
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 apply:  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: \_\_\_\_\_

\*Attach 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.

  X    
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By: \_\_\_\_\_  
NAME AND TITLE DATE