



# Stratton Lumber Company, Inc.

P.O. Box 337 - Nicholasville, Kentucky 40340-0337

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and Local law concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation

Date of Application: \_\_\_\_\_

**(Please Print)**

Position(s) Applied For: \_\_\_\_\_

Pay Expected: \_\_\_\_\_ Will you work overtime if asked?  Yes  No

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

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

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

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

If hired, can you furnish proof you are legally entitled to work in the United States?  Yes  No

On what date would you be available to work? \_\_\_\_\_

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

Can you travel if a job requires it?  Yes  No

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

If yes, please explain: \_\_\_\_\_  
(Conviction will not necessarily disqualify applicant from employment)

If employed by Stratton Lumber & Hardware Company, are you willing to submit to the following at company expense

Physical Examination  Yes  No

Drug Screening, at time of employment  Yes  No

Random Drug Screening, during employment  Yes  No

\*Positive results on drug screening will be cause for termination of employment\*

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				
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.

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 of other experience such as specific machines used, equipment operated, computer, and related skills:

### EMPLOYMENT HISTORY

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

### Applicant's Statement

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

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 this application is not and is no intended to be a contract of employment. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character and general reputation.

In the event of employment, 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.

I understand that my employment is not guaranteed for any term, and my employment may be terminated by myself, or the company, at any time, for any reason. No management official is authorized to make any assurance or promise of continued employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ By \_\_\_\_\_  
Name & Title Date