



Ace Lumber & Wholesale Supply
 805 Bardstown Rd - P.O. Box 246
 Springfield, KY 40069
 Ph. 859-336-7340 - Fax 859-336-7971

Kentucky Supply



Clarke Hardware
 110 Lanham Ln
 Lebanon, KY 40033
 Ph. 270-692-4100 - Fax 270-692-0480

APPLICATION FOR EMPLOYMENT

NOTICE: THIS IS A DRUG FREE COMPANY; YOU WILL BE REQUIRED TO TAKE A COMPANY PHYSICAL, WHICH INCLUDES A DRUG TEST, TO BE EMPLOYED HERE. PLEASE DO NOT APPLY IF YOU CANNOT PASS A RIGID DRUG TEST. DRUG TESTS ARE ALSO ADMINISTERED AT RANDOM AND POST ACCIDENT.

POSITION APPLIED FOR: _____ MINIMUM STARTING PAY \$ _____

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE (____)____-____ CELL PHONE (____)____-____ SSN _____

SPOUSE'S NAME _____ SPOUSE'S EMPLOYMENT _____

SPOUSE'S EMPLOYMENT PHONE (____)____-____

EDUCATION

SCHOOL NAME & LOCATION

ELEMENTARY _____

HIGH SCHOOL _____

VOCATIONAL, TECHNICAL OR COLLEGE _____

MAJOR FIELD OF STUDY _____

HIGHEST GRADE COMPLETED: 9 10 11 12 COLLEGE 13 14 15 16 MASTERS 17 18 19

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A DUI IN THE PAST 5 YEARS? YES NO DATE _____

DO YOU HAVE A VALID KENTUCKY DRIVER'S LICENSE? YES NO

DO YOU HAVE A FEAR OF HEIGHTS? YES NO

DO YOU HAVE A FEAR OF CLOSE PLACES? YES NO

ARE YOU UNDER A DOCTORS CARE WHICH REQUIRES MEDICATION? YES NO

NAME OF MEDICATION _____

REASON UNDER DOCTORS CARE _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

EMPLOYER #1		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE #		SALARY / HOURLY RATE		
JOB TITLE	SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING				

EMPLOYER #2		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE #		SALARY / HOURLY RATE		
JOB TITLE	SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING				

EMPLOYER #3		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE #		SALARY / HOURLY RATE		
JOB TITLE	SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING				

PERSONAL REFERENCES - Please give name, address, and phone number of references not related to you:

1. _____
2. _____
3. _____

IN CASE OF AN EMERGENCY, PLEASE GIVE NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO CONTACT:

My signature below authorizes SAH, LLC to contact any and all references necessary to obtain information for the purpose of possible employment, including but not limited to the references I have listed above. I also authorize SAH, LLC to perform background and/or credit checks with any outside agency SAH, LLC may elect to utilize.

APPLICANT'S SIGNATURE _____ DATE _____