



# Perkins Lumber Company

P.O. Box 279 Steelville Mo 65565

Perkins-Lumber.com

Steelville & St. James  
573-775-2345 573-265-5549

PLEASE PRINT:

DATE: \_\_\_\_\_

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

Soc. Sec. # \_\_\_\_\_ Phone# \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at Address? \_\_\_\_\_ Previous Address \_\_\_\_\_

#Dependents \_\_\_\_\_ Have you worked for us before? \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Which location of Perkins Lumber Company are you applying for: \_\_\_\_\_

Education	School Name	Address	Date		Graduate Yes or No	Major
			From	To		
High School						
College or University						
Other Education						
GPA:	High School _____	College _____				

## MILITARY SERVICE ( If Applicable)

Service Branch _____	Service length (months) _____	Dates from _____ to _____
Present classification _____	Duties _____	
Training schools _____		
Separation date _____	Separation type _____	Separation Rank _____ Reserve status _____

## EMPLOYMENT HISTORY (Beginning with most recent employer)

Employer Name _____	From _____	Supervisor _____
Address _____	To _____	Wages _____
Reason for Leaving _____ Duties _____		

Employer Name _____	From _____	Supervisor _____
Address _____	To _____	Wages _____
Reason for Leaving _____ Duties _____		

Employer Name _____	From _____	Supervisor _____
Address _____	To _____	Wages _____
Reason for Leaving _____ Duties _____		

**PERSONAL REFERENCES (other than employers or relatives)**

<b>Name</b>	<b>Address</b>	<b>Occupation Phone #</b>
<b>Name</b>	<b>Address</b>	<b>Occupation Phone #</b>
<b>Name</b>	<b>Address</b>	<b>Occupation Phone #</b>

**GENERAL HEALTH**

What serious illness or operations have you had in last 2 years?	
Height _____ Weight _____	Are you able to do work which requires Lifting? _____ Standing? _____

**ADDITIONAL DATA**

Have you ever been convicted of a felony?
Name any relatives employed by this company and your relationship.

**EMERGENCY CONTACT**

<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Phone#</b>
<b>Address</b>		<b>City</b>	<b>State      Zip</b>

**COMMENTS** \_\_\_\_\_

APPLICATION WILL ONLY BE CONSIDERED WHEN ALL QUESTIONS ARE ANSWERED.

By signing this application, I affirm that all statements herein are TRUE, and misrepresentation of facts will subject me to immediate discharge. I further agree to abide by all company rules and regulations upon becoming an employee of this company; with the understanding that the violation of any of these rules and regulations will subject me to immediate discharge.

I further agree to take a physical examination upon request by the company; by a company approved doctor at company expense.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

In connection with your employment application, an investigation into your credit standing, credit capacity, general reputation, character, personal characteristics, or mode of living may be made. Any such investigation will be in strict compliance with the provisions of the Fair Credit Reporting Act, 15 United States Codes 1681.

If you are denied employment either wholly or partially on the basis of a consumer reporting agency, we will promptly advise you of such adverse action, and will furnish you with the name and address of the consumer reporting agency making the report.

This applicant acknowledges this application is for employment with Perkins Lumber Company (if applying to work at the Steelville location) and or Perkins Lumber Company of St. James LLC (if applying to work at the St. James location).

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