

LEE-SMITH, INC. / LESCO, INC.

APPLICATION FOR EMPLOYMENT

www.lee-smith.com / www.lescoinc.com PO Box 72843 2600 8th Ave Chattanooga, TN 37407
Phone (423)622-4161 Fax (423)493-4813

We are an Equal Opportunity/Reasonable Accommodation Employer

Read all information on this application.
Print neatly in ink.
Answer all questions completely and accurately.

Complete and include all supplemental forms.
Sign this application and all other forms.
If you need any assistance, please ask for help.

POSITION DESIRED

Please check the shifts you are interested in: Full Time Part Time First Shift Second Shift

Position Applied For:

Salary Requirements:

PERSONAL DATA

Last Name:

First Name:

MI:

Address:

City:

State:

Zip:

Phone:

Cell Phone:

E-Mail

Are you legally eligible for employment in the United States? Yes No Social Security Number -- --

Are you 18 years of age or older? Yes No If no, please give age:

Do you have any relatives that work for the Company? Yes No Name/Relationship

EDUCATIONAL INFORMATION

High School: Yes No If no, grade completed: G.E.D. : Yes No

Colleges/University

Major

Number
Years Attended

Diploma

Special Training Skills / Certifications / Business Training / Language(s) fluent in other than English:

Dates

List Licenses, Professional Registrations, Certificates and Professional Memberships:

List computer software with which you are proficient:

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BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses and does not mean minor traffic offenses. "Convicted" means that you have been found guilty of a crime by a court or jury, or have pled guilty or no contest to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined, or received a suspended sentence.

NOTE: A criminal conviction(s) does not constitute an automatic disqualification to employment. Factors considered in this regard, include, but are not limited to, age at the time of offense(s), the nature of the offense(s), and the relationship between the offense(s) and the job for which you have applied. All offers of employment and continued employment will be subject to a complete review of any convictions you may have. Your failure to make a full and accurate disclosure of any prior convictions(s), or to answer the questions fully and accurately will result in immediate termination from employment or the rejection of any pending application or offer of employment.

Have you ever been convicted of a crime in any domestic or military court, regardless of whether the conviction was later set aside or expunged? Answer by writing "Yes" or "No"

Do you presently have any criminal charges pending in any court? Answer by writing "Yes" or "No"

Have you ever been dishonorably discharged from any branch of the military? Answer by writing "Yes" or "No"

Have you ever used illegal drugs or non-prescribed prescription drugs? Answer by writing "Yes" or "No"

Have you ever been discharged for cause or asked to resign from a position? Answer by writing "Yes" or "No"

If you answered yes to any of the above questions, please give details of the offense(s).

Have you ever worked or had a drivers license under another name? If yes, please list the names and license numbers.

EMPLOYMENT HISTORY

(You may attach a resume, but not as substitute for completing application)

Current or most recent employer:

Phone:

Address:

State:

Zip:

Title or Position:

Were you a supervisor? Yes No Number ?

Employment Dates

From:

To:

Supervisor's Name/Title:

Starting Salary:

Current or
Ending Salary:

Hours per week:

Work Performed:

Reason for leaving or wanting to change:

May we contact this employer if you are considered for the position? Yes No

EMPLOYMENT HISTORY

(You may attach a resume, but please do not use as a substitute for completing application)

Employer:		Phone:	
Address:		State:	Zip:
Your Title or Position:		Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer		Phone:	
Address:		State:	Zip:
Your Title or Position:		Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates:	From:	To:	
Supervisor's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer:		Phone:	
Address:		State:	Zip:
Your Title or Position:		Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisor's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

Employer:		Phone:	
Address:		State	Zip:
Your Title or Position:		Were you a supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Dates	From:	To:	
Supervisors's Name/Title			
Starting Salary:	Ending Salary:	Hours per week:	
Work Performed:			
Reason for leaving or wanting to change:			

EMPLOYMENT HISTORY

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, years and dates of service:
Branch:		Rank:
Military ID No:	Duties:	

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The Company will conduct background checks including but not limited to, work references, driving records, criminal conviction records, and educational attainment. New hires for some company positions may be required to pass a physical examination at the Company's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the Company. I further understand that any condition which may preclude my ability to perform essential functions of the job - and such conditions can not be reasonably accommodated - will disqualify me from consideration for employment in the job for which I applied.

I understand that employment at the Company, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including, but not limited to, hours, benefits, and salary are subject to change by the Company at any time.

If employed, I agree to provide evidence of an acceptable driving record.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by the Company at any time, at the Company's sole discretion and without prior notice to me.

I acknowledge that I understand that when advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (American with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatement, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Company and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Company service. I give the Company the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting the Company in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

All applicants will be considered for employment without regard to race, religion, sex (including pregnancy), age, mental or physical disability, or any other classification specifically protected by applicable law.

The Company is a drug and alcohol free workplace.

The Company is a smoke-free workplace.

Signature: _____ Date: _____

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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

PLEASE FAX TO: HUMAN RESOURCES (423) 493-4813

Name:	Social Security No.	
Previous Employer:	Telephone:	
Contact Name:	Fax No:	
Address:	State:	Zip:

I hereby authorize you to release the following information to Lee-Smith, Inc. or Lesco, Inc. for the purpose of checking prior work history.

Signature _____ Date _____

The above individual has made an application to this company for a position as a _____ and states that you employed them as a _____ from _____ (mm/yy) to _____ (mm/yy).

1. Is the employment record with your company correct as stated above? Yes No

If not, explain: _____

2. What kind(s) of work did the applicant do? _____

3. Reason for leaving your employ: Discharged Laid Off Resigned

Remarks: _____

4. Is the applicant for rehire? Yes No

5. Was the applicant's general conduct satisfactory? Yes No

6. Was the applicant's attendance satisfactory? Yes No

Signature: _____ Title: _____ Date: _____

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DRUG/ALCOHOL TEST CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis, breath analyzer and/or other tests as determined by Lee-Smith, Inc. and/or Lesco, Inc. in the selection process of applicants for employment or as a condition of employment for the purpose of determining the absence or presence of drugs and/or alcohol content therein.

I hereby give my consent to and authorize the company designated by Lee-Smith, Inc. and/or Lesco, Inc. to perform the collection of specimens for these tests and to either test them or forward them to a testing laboratory to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine or breath.

I hereby give my consent to release the results of the said test(s) to appropriate individuals within Lee-Smith, Inc. and/or Lesco, Inc. who have a need to know of the alcohol and drug testing results and to the use of all such reports in its assessment of my employment application and/or employment status.

I understand that a positive test for illegal drugs (including non-prescribed prescription drugs) and and/or of alcohol or a refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, will prohibit me from being employed by or continuing my employment at Lee-Smith, Inc. and/or Lesco, Inc..

I agree to hold harmless Lee-Smith, Inc. and/or Lesco, Inc. and it's owners, employees, managers and/or it's agents from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with the consideration of my employment application or my continued employment with the said company.

I further agree that a reproduced copy of this Drug/Alcohol Test Consent and Release Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent form and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Print Applicant/Employee Name

Social Security Number

Applicant/Employee Signature

Date

Witness Signature

Date