



www.adenacorporation.com
1310 West Fourth St. Ph: 419-529-4456
Mansfield, OH 44906 Fax: 419-529-4288

APPLICATION FOR EMPLOYMENT

The following information is requested to help us make the best possible placement within Adena Corporation. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. Adena, in accordance with the State and Federal laws, does not discriminate on the basis of age, race, sex, religion, color, national origin, physical or mental disability or ancestry.

A medical examination may be a requirement for all applicants who receive job offers. ALL OFFERS OF EMPLOYMENT WILL BE CONDITIONED ON THE RESULTS OF THE MEDICAL EXAMINATIONS.

NOTE: If after ninety (90) days from the date of this Employment Application you have not been contacted by Adena and you still desire to be considered for a position with Adena, you must submit a new Employment Application.

Name: (Last) (First) (Middle) Social Security No: \_\_\_/\_\_\_/\_\_\_
Address: (Number and Street) Telephone Number (\_\_\_) \_\_\_ - \_\_\_
(City) (State) (Zip) Alternate Number (\_\_\_) \_\_\_ - \_\_\_

Are you at least 18 years of age? [ ] Yes [ ] No

If you are under 18 years of age, please state your age: \_\_\_\_\_

Have you ever applied for a job with the Company before? [ ] Yes [ ] No

Have you ever worked at the Company before? [ ] Yes [ ] No

If yes, when and for how long? \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Other positions for which you would like to be considered: \_\_\_\_\_

Salary expected: \$ \_\_\_\_\_ per hour

What experience or skills qualify you for work here?

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The normal working hours of the company vary and encompass different shifts, including Saturdays. Without indicating the need for any absences for religious practices during the normal working hours, are you otherwise available to work during these hours?

Yes       No

Have you served an apprenticeship?       Yes       No

If yes, how long? \_\_\_\_\_

Where \_\_\_\_\_

Trade \_\_\_\_\_

When \_\_\_\_\_

If your application is considered favorably, on what date can you begin work?

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**EDUCATION**

	School Name	Address	Circle Last Year completed		Did You Graduate?		Diploma or Degree.
High School			9 11	10 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No	.
College			1 3	2 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Graduate			1 3	2 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other			1 3	2 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have you ever been convicted of any of the following:

Felony     Yes     No .....if yes, what degree \_\_\_\_\_

Misdemeanor dealing with honesty       Yes     No

Misdemeanor dealing with violence       Yes     No

**EMPLOYMENT RECORD** (Please List Most Recent position First)

Dates	Name and Address of Employer	Job Title or Duties	Weekly Salary	Reason for Leaving
From:			Begin:	
To:	Telephone:	Supervisor:	End:	
From:			Begin:	
To:	Telephone:	Supervisor:	End:	
From:			Begin:	
To:	Telephone:	Supervisor:	End:	
From:			Begin:	
To:	Telephone:	Supervisor:	End:	

PERSONAL REFERENCES: (Not Former Employers or Relatives)

Name and Address	Telephone	Relationship and Years Known

YEARS

EXPERIENCE

- \_\_\_\_\_ LABORER
- \_\_\_\_\_ CARPENTER
- \_\_\_\_\_ STEEL
- \_\_\_\_\_ WELDER
- \_\_\_\_\_ MASONRY
- \_\_\_\_\_ EQUIPMENT
- \_\_\_\_\_ OTHERS

Transportation: \_\_\_\_\_ Self      \_\_\_\_\_ Other, Explain:

**PLEASE READ THE LANGUAGE BELOW CAREFULLY. SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LANGUAGE, PLEASE SEEK ASSISTANCE PRIOR TO SIGNING THIS DOCUMENT.**

I certify that the information contained in this application is true, accurate and complete. I understand that falsification of this Employment Application in any detail may result in disqualification from further consideration, or, if hired, immediate dismissal without notice from employment. As a condition of employment, I understand that Adena reserves the privilege to thoroughly investigate and verify all information contained in this Employment Application, including but not limited to contacting any of the aforementioned employers, supervisors and references. I agree to indemnify and save harmless Adena from and against any liabilities, claims, attorney fees, costs, causes of action or other liability arising directly or indirectly from, or associated with, this Employment Application.

I agree to conform to the rules and regulations of Adena, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Adena or myself. I further understand that no personnel recruiter or interviewer or other representative of Adena, other than the President of Adena, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date: \_\_\_\_\_

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

## Equal Employment Opportunity Information

The Information supplied below is strictly voluntary and will in no way affect the processing of your employment status with this company. This information sheet will only be used for statistical purposes. Thank you for your cooperation.

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SEX**     MALE  
           FEMALE

**RACE**    WHITE: Persons having origins in any of the original peoples of Europe or the Middle East.

BLACK: Persons having origins in any of the black racial groups of Africa.

HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN/PACIFIC ISLANDERS: Persons having origins In any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

### DISABILITY

Are you an individual with a physical or mental Impairment which substantially limits one or more of your major life activities?

Yes                     No

### VETERAN STATUS

Are you a Veteran?     Yes                     No

Disabled Veteran     Vietnam Era Veteran     Desert Storm/Shield Veteran