



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?

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?

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 Noif 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

Operation Iraqi Freedom Operation Enduring Freedom