



1310 West Fourth Street  
 Mansfield, Ohio 44906  
 Phone: 419.529.4456  
 Fax: 419.529.4288

## APPLICATION FOR EMPLOYMENT

|                     |         |                                     |
|---------------------|---------|-------------------------------------|
| Name: _____         |         |                                     |
| (Last)              | (First) | (Middle)                            |
| Address: _____      |         | Telephone Number (____) ____ - ____ |
| (Number and Street) |         |                                     |
| _____               | _____   | Alternate Number (____) ____ - ____ |
| (City)              | (State) | (Zip)                               |
| Email: _____        |         |                                     |

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 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

Date you could begin work: \_\_\_\_\_

**EDUCATION**

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

Have you served an apprenticeship?     Yes             No

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

Where \_\_\_\_\_

Trade \_\_\_\_\_

When \_\_\_\_\_

Have you ever been convicted of any of the following:

Felony    Yes    No .....if yes:

What degree: \_\_\_\_\_

Where: \_\_\_\_\_

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 |
|------------------|-----------|------------------------------|
|                  |           |                              |
|                  |           |                              |

| <u>YEARS</u> | <u>EXPERIENCE</u>                      | <u>YEARS</u> | <u>EXPERIENCE</u>  |
|--------------|--|--------------|--------------------|
| _____        | Laborer                                | _____        | Dry Wall Finishing |
| _____        | Rough Carpentry                        | _____        | Concrete Finishing |
| _____        | Iron Work                              | _____        | Flooring           |
| _____        | Masonry                                | _____        | Finish Carpentry   |
| _____        | Equipment (Type: _____)                |              |                    |
| _____        | CDL (Type: _____)                      |              |                    |
| _____        | Welding: (Flux Core _____ Stick _____) |              |                    |

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 other than an authorized representative 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.

- SEX**     Male  
           Female  
           Prefer not to answer

- 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