



**EDUCATION**

School Name		Address	Last Year Completed	Did you Graduate?	Diploma or Degree
High School					
College					
Graduate					
Other					

Have you served an apprenticeship?     Yes         No

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

Where \_\_\_\_\_

Trade \_\_\_\_\_

When \_\_\_\_\_

**EMPLOYMENT RECORD** (Please list most recent position first)

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

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