



# APPLICATION FOR EMPLOYMENT

Adkins Energy LLC

4350W Galena Rd

Lena, IL 61048

Phone: (815)369-9173 Fax: (815)369-2043

[www.adkinsenergy.com](http://www.adkinsenergy.com)

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## PERSONAL DATA:

Name \_\_\_\_\_  
Last First Middle Initial

Previous/Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Please check the appropriate response.

1. Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you have the legal right to work in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## POSITION APPLYING FOR:

Position applying for \_\_\_\_\_

Have you been previously employed by Adkins Energy LLC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, former position & employment dates \_\_\_\_\_

Availability: \_\_\_\_\_ Full-time \_\_\_\_\_ Temporary \_\_\_\_\_ Part-time (days and hours) \_\_\_\_\_

Date available to begin employment \_\_\_\_\_

**WORK EXPERIENCE:**

1. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**EDUCATION:**

High School \_\_\_\_\_ Years Completed \_\_\_\_\_ Graduate \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

College \_\_\_\_\_ Years Completed \_\_\_\_\_ Graduate \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_