

Employer's Administrative Services of Indiana, LLC
ROUSSEL CONCRETE CONSTRUCTION, INC.

Employment Application

We are an Equal Opportunity Employer. Equal access to all programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or the interview process should notify the human resource representative.

Position applied for		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Name <small>(Last) (first) (Middle)</small>			Date of Application
Address <small>(Street) (Apt) (City) (State) (Zip)</small>			
How long at this address?	Telephone No. <input type="checkbox"/> Home <input type="checkbox"/> Other	Social Security No.	
Previous Address (if less than 3 years) <small>(Street) (Apt) (City) (State) (Zip)</small>			
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	Are you legally eligible for Employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever pled guilty or "no contest" to, or been convicted of a misdemeanor or felony (including non parking traffic violations) ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details			
Have you been arrested for any matters for which you are on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			
PLEASE NOTE THAT ARREST OR CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.			
Date available for work	Driver's License No.	State	

PREVIOUS EMPLOYMENT

Please complete in detail beginning with your CURRENT or MOST RECENT position.
 If you were employed under another name, please indicate that name for reference purposes.

PRESENT or Last Employer		From	To
Address		Phone	
Job Title	Describe work		
Supervisor's Name	Reason for Leaving	Starting Pay	Ending Pay
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employer		From	To
Address		Phone	
Job Title	Describe work		
Supervisor's Name	Reason for Leaving	Starting Pay	Ending Pay

Previous Employer		From	To
Address		Phone	
Job Title	Describe work		
Supervisor's Name	Reason for Leaving	Starting Pay	Ending Pay

Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain

EDUCATION AND TRAINING

	Name/Location	Years Completed	Graduate	Course of Study Or Major	Any specialized training or skills
High school			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize any training, licenses, certifications you have which may qualify you in job-related functions					

REFERENCES

Do not include relatives.

Name	Telephone	Relation	Years Known
	()		
	()		
	()		

I understand that this application does not constitute an agreement or contract for employment for any specified period of time or duration. No one, other than the company's or EASI's chief executive officer, president or the vice president of human resources, has the authority to make any assurances to the contrary. I understand that any such assurance must be made in writing and signed by the authorized officer. If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law.

I understand that it is this company's policy not to refuse to hire a qualified individual with disability based on that individual's need for reasonable accommodation under the American's with Disabilities Act. Further, it is the company's policy not to discriminate in employment and that no question on this application is used to limit or excuse any applicant from consideration for employment on any basis that is prohibited by federal, state or local laws or regulations.

I understand that if I am employed, any misrepresentation or omission made by me on this application or in any documents I provide to support the information on this application will be sufficient cause for discharge from employment with this employer immediately upon discovery of the information.

If hired, I will be required to submit proof of my identity and legal authorization to work.

I certify that I have read, or have otherwise been made aware of and fully understand all of the above information and consent to seek employment under these conditions.

Applicant Signature _____ Date _____

For Office Use Only			
Date interviewed		Interviewed by	
Date interviewed		Interviewed by	



Employer's Administrative Services of Indiana, L.L.C.
 111 E. Ludwig Rd., Ste. 110
 Fort Wayne, IN 46825
 Voice: 260-471-4968 Fax: 260-484-5576

APPLICANT AUTHORIZATION FOR REFERENCE

Name _____ SSN _____

Other name(s) under which employment records may be kept: _____

I authorize the employer/s listed on my resume and/or application (except for my current employer, unless I have indicated otherwise on my application) to release information to Employer's Administrative Services of Indiana, LLC and/or Roussel Concrete Construction, Inc. By my signature below, I agree to hold harmless my former employer/s for disclosure of my employment information and EASi and Roussel for their use of the information disclosed.

Signature _____ Date _____

Print Name: _____

TO: _____

One of your former employees has applied for a position at EASi/Roussel. We ask that you verify and complete this form at your earliest convenience and return it to EASi. The information provided by you will be held in the strictest confidence. For your convenience, you may FAX the completed form to us at the number below. Thank you for taking the time to complete and return this reference!

Employee name: _____ Position Held: _____

EMPLOYER VERIFICATION AND EVALUATION

Category	Excellent	Good	Fair	Poor
Job knowledge				
Quality of Work				
Quantity of work				
Attitude				
Dependability				
Personal appearance				

Dates of Employment: _____ Pay rate at termination _____ per _____

Reason for Leaving: _____

Is the individual eligible for rehire? Yes No If No, please explain: _____

Comments: _____

Signature _____ Title _____ Date _____