

Roussel Concrete Construction Inc.
 621 East Washington Blvd.
 Fort Wayne, IN 46802
 (260) 422-4314

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.

Complete all questions on this application. Please print and use ink.

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 been arrested or convicted of a crime (excluding parking/traffic violations) that has not been expunged by a court? <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
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EDUCATION AND TRAINING

	Name/Location	Years Completed	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	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
	()		
	()		
	()		

Applicant Statement of Understanding

I understand that false, misleading or omitted information on this application or in any documents I provide to support the information on this application will be sufficient cause to disqualify me for employment or, if hired, sufficient cause for discharge from employment upon discovery of the false, misleading or omitted information.

I understand that my prior employers may be contacted, unless I have otherwise specified.

I understand that as a condition of employment, if requested by the Company, I must submit to and satisfactorily pass a drug and alcohol test.

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 Co-employer's President or Vice President, has the authority to make any assurances to the contrary. I understand that any such assurance must be made in writing and signed by either the Co-employer's President or Vice President. If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Company has the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law.

If hired, I understand that I will be required to submit proof of my identity and legal authorization to work in the United States. I understand that any offer of employment to me will be contingent upon my ability to produce the required documentation within the time period required by law.

I understand that it is the 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 certify that the information I have provided is true and correct and that I have read, or otherwise been made aware of, and fully understand all of the above information and consent to seek employment with the Company under these conditions.

Applicant Signature _____ Date _____

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