

Ripa and Associates

APPLICATION FOR EMPLOYMENT----- OFFICE & OTHER NON-FIELD POSITIONS

Ripa and Associates is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

TODAY'S DATE: _____

PERSONAL INFORMATION:

Name _____
Last First Middle/Maiden

Social Security # _____

Address _____
Number & Street Apt/Lot # City State Zip Code

Position(s) you are applying for: _____

Date You are Available to start _____ Hourly Wage or Salary Desired \$ _____ per _____

Phone Number(s) Home _____ Cell _____ Alternate # _____

Email Address _____

Are you over 18 years old? ____ Yes ____ No.

Are you legally eligible for employment in the United States? ____ Yes ____ No (If offered employment, you will be required to provide documentation to verify eligibility. Ripa performs post-job offer E-Verify checks on all job offeres)

Have you ever applied to this company before? ____ Yes ____ No If Yes, When? _____

Have you ever worked at this company before? ____ Yes ____ No If Yes, When? _____

Can you perform all the essential functions of this job (with or without accommodation)? ____ Yes ____ No

Do you have your own transportation? ____ Yes ____ No

Do you have a valid drivers license? ____ Yes ____ No

If you were ever employed under a different name than the one you put on this application (such as a maiden name) PRINT the name: _____

Please tell us how you heard about us:

____ Walk IN ____ Referral; Who referred you? _____

____ Advertisement; What publication? _____

____ Employment Agency; What Agency? _____

____ Outreach Group or Organization; What group or organization? _____

RECORD OF CONVICTION: Have you ever been convicted of a crime, had an adjudication withheld, or pled guilty to a crime other than minor traffic offense? ____ Yes ____ No If yes, explain: _____

When/give approximates date(s) _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Have you ever been a defendant in a civil action for an intentional tort? ____ Yes ____ No (If yes, please give the nature of the tort and disposition of the action) : _____

EDUCATION: education or training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

COLLEGE, UNIVERSITY, VOCATIONAL : Please provide contact information for Education verification for all Colleges, Universities, or Vocational Schools you list

1. Name Of education facility: _____ Address _____

Years Completed: _____ Did you graduate? Y ___ N ___ Major _____ Degree(s) _____

Verification of Education contact information: _____

2. Name Of education facility: _____ Address _____

Years Completed: _____ Did you graduate? Y ___ N ___ Major _____ Degree(s) _____

Verification of Education contact information: _____

LICENSES/MEMBERSHIPS: _____

Do you have OSHA Training—List OSHA Training you have had in the last 4 years and dates: _____

Do you have a CURRENT CPR Card: ___ Yes ___ No; If Yes, please give the expiration date: Month ___ / Year ___

SPECIAL OR RELATED SKILLS & ABILITIES—List all office, software, special or unique skill and abilities you think would help us determine your fitness for the position for which you are applying: _____

CURRENT & PREVIOUS EMPLOYMENT

Do not just attach a resume "instead of" completing this section. TO BE CONSIDERED FOR EMPLOYMENT, you must complete the application to the best of your ability and with as much information as you can. FAILURE TO COMPLETE THE APPLICATION MAY CAUSE YOU TO BE INELIGIBLE FOR CONSIDERATION FOR EMPLOYMENT. You may ADD your resume to the application AFTER you have completed the application.

1. Are you currently employed? ___ Yes ___ No 2. IF YES, What company is your employer? _____

3. May we contact your current employer BEFORE a job offer is made? ___ Yes ___ No

Please provide us with AT LEAST 5 years of work history INCLUDING gaps in your work history (Unless you have not been in the work force long enough to be able to have 5 years of work history; List any work history that you do have).

Starting with you CURRENT or MOST RECENT Employer:

Employer #1 _____ Street Address _____

City _____ State _____ Zip _____ Telephone _____

Your Job Position _____ What Department did YOU work in? _____

YOUR MAIN JOB DUTY or Duties? _____

What was your Salary or Wage per Hour \$ _____

What were your Dates of Employment? From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

Who was Your Immediate Supervisor? _____ What is their DIRECT phone or cell phone #? _____

Were you a Full Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Were you a Part Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Why did you leave this employer? Were you fired? _____ Yes _____ NO ;

If you were fired please explain what happened _____

IF you left for any other reason, please tell us the Reason for Leaving _____
(Example "Laid Off" etc)

Is there a TIME GAP between employer #1 and employer #2? Yes ___ No ___ If YES: From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

Tell us why: _____

Employer #2 _____ Street Address _____

City _____ State _____ Zip _____ Telephone _____

Your Job Position _____ What Department did YOU work in? _____

YOUR MAIN JOB DUTY or Duties? _____

What were your Dates of Employment? From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

What was your Salary or Wage per Hour \$ _____

Who was Your Immediate Supervisor? _____ What is their DIRECT phone or cell phone #? _____

Were you a Full Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Were you a Part Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Why did you leave this employer? Were you fired? _____ Yes _____ NO ;

If you were fired please explain what happened _____

IF you left for any other reason, please tell us the Reason for Leaving _____
(Example "Laid Off" etc)

Is there a TIME GAP between employer #2 and employer #3? Yes ___ No ___ If YES: From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

Tell us why: _____

Employer #3 _____ Street Address _____

City _____ State _____ Zip _____ Telephone _____

Your Job Position _____ What Department did YOU work in? _____

YOUR MAIN JOB DUTY or Duties? _____

What were your Dates of Employment? From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

What was your Salary or Wage per Hour \$ _____

Who was Your Immediate Supervisor? _____ What is their DIRECT phone or cell phone #? _____

Were you a Full Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Were you a Part Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Why did you leave this employer? Were you fired? _____ Yes _____ NO ;

If you were fired please explain what happened _____

IF you left for any other reason, please tell us the Reason for Leaving _____
(Example "Laid Off" etc)

Is there a TIME GAP between employer #3 and employer #4? Yes ___ No ___ If YES: From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

Tell us why: _____

Employer #4 _____ Street Address _____

City _____ State _____ Zip _____ Telephone _____

Your Job Position _____ What Department did YOU work in? _____

YOUR MAIN JOB DUTY or Duties? _____

What were your Dates of Employment? From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

What was your Salary or Wage per Hour \$ _____

Who was Your Immediate Supervisor? _____ What is their DIRECT phone or cell phone #? _____

Were you a Full Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Were you a Part Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Why did you leave this employer? Were you fired? _____ Yes _____ NO ;

If you were fired please explain what happened _____

IF you left for any other reason, please tell us the Reason for Leaving _____
(Example "Laid Off" etc)

Is there a TIME GAP between employer #4 and employer #5? Yes ___ No ___ If YES: From _____/_____/_____ To _____/_____/_____
Month/Year Month/Year

Tell us why: _____

Employer #5 _____ Street Address _____

City _____ State _____ Zip _____ Telephone _____

Your Job Position _____ What Department did YOU work in? _____

YOUR MAIN JOB DUTY or Duties? _____

What were your Dates of Employment? From _____ / _____ To _____ / _____
Month/Year Month/Year

What was your Salary or Wage per Hour \$ _____

Who was Your Immediate Supervisor? _____ What is their DIRECT phone or cell phone #? _____

Were you a Full Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Were you a Part Time employee? Yes _____ No _____ How many hours did you usually work most weeks? _____ Hours

Why did you leave this employer? Were you fired? _____ Yes _____ NO ;

If you were fired please explain what happened _____

IF you left for any other reason, please tell us the Reason for Leaving _____
(Example "Laid Off" etc)

IF YOU WANT OR NEED TO LIST MORE THAN 5 EMPLOYERS, PLEASE ADD AN EXTRA SHEET

PROFESSIONAL JOB REFERENCES

Name _____ Phone (____) _____

At what employer?

Are they still with this employer? Y _____ N _____ Don't know _____

Was this person your supervisor? Y _____ N _____

IF NO, What were they to you? (ex: co-worker) _____

Name _____ Phone (____) _____

At what employer?

Are they still with this employer? Y _____ N _____ Don't know _____

Was this person your supervisor? Y _____ N _____

IF NO, What were they to you? (ex: co-worker) _____

Name _____ Phone (____) _____

At what employer?

Are they still with this employer? Y _____ N _____ Don't know _____

Was this person your supervisor? Y _____ N _____

IF NO, What were they to you? (ex: co-worker) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Ripa and Associates, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Ripa and Associates, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that if offered a position, I may be required to submit to a pre-employment medical examination and drug screening as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests will result in withdrawal of any employment offer or termination of employment if already employed. I understand that a background check will be performed and agree to sign the required consent and authorization forms. This offer of employment is contingent and conditioned upon the satisfactory results of our drug screen and a positive background check.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Ripa and Associates, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Ripa and Associates, Inc. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Ripa and Associates, Inc. may terminate my employment at any time with or without notice or cause.

By Signing below, I acknowledge that I have read, understood and agree to the above statements.

Signature of Applicant _____ Date: _____

Print Name: _____

Ripa and Associates
Request for Job Applicant Information

We are an equal employment and affirmative action government contractor/employer. Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability. As employers, and government contractors, we comply with government regulations and affirmative action obligations. This information is to comply with government record keeping, reporting, and legal obligations responsibilities, please fill out this data record.

DO NOT WRITE YOUR NAME. This information will NOT be kept with your application and will be used only in accordance with state and federal regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

CHECK ONE:

_____ Female

_____ Male

CHECK ONE:

_____ Hispanic

_____ Not Hispanic

IF NOT HISPANIC CHECK ONE:

_____ Asian

_____ Black/African American

_____ Native American/Alaska Native

_____ Native Hawaiian/Pacific Islander

_____ White

_____ Two or more races

CHECK ONE IF APPLICABLE:

___ Disabled Veteran ___ Other Protected Veteran ___ Recently Separated Veteran ___ Armed Forces Service Medal Veteran

JOB TITLE(S) APPLIED FOR: _____.

DATE OF JOB APPLICATION: _____.

Please tell us how you heard about us:

___ Walk IN ___ Referral; Who referred you? _____

___ Advertisement; What publication? _____

___ Employment Agency; What Agency? _____

___ Outreach Group or Organization; What group or organization? _____

If you have any questions about the government requirements or this request, please contact our office of Human Resource Management at: 813-623-6777

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) sought is/are open: ___ Yes ___ No

Position(s) considered for: _____ Date: _____