

Ripa and Associates – Job Requirements Information for All Field Positions

Dear Applicant: At Ripa and Associates ALL FIELD POSITIONS require the employee TO BE ABLE AND WILLING to perform ground and labor work, even if the position for which you are applying and/or are hired for is not specifically “Laborer.” At Ripa—as with all construction –related businesses—NO MATTER WHAT FIELD POSITION YOU ARE APPLYING FOR, and/or are hired for, you must be able to perform physical work tasks on a daily basis, as all field positions necessarily include a varying amount of labor.

The following information is intended as an overview of general work-conditions and the BASIC nature of the work you will or may need to be able to perform as a Ripa Field Employee, no matter what field position you may fill at any time within the company. It is not an all-inclusive list or a totally complete description of every position or work-task you may be required to perform in every field position. It is intended to describe minimal general requirements only.

Work environment: Site development and utilities installation is physically demanding work. As a Ripa Field Employee you will or may be required to do any or all of the following either occasionally or repeatedly throughout any given work-day:

- Lift and carry objects, including heavy objects of varying weights and sizes
- Stoop
- Kneel
- Crouch
- Crawl in awkward positions
- Sit, stand and/or walk for extended periods of time throughout any given work day
- Work outdoors in all weather conditions
- To avoid injury, you will be required to wear safety clothing such as long pants, shirts with sleeves, sturdy and in-good-condition work shoes or boots (never athletic “sneakers” or athletic shoes), gloves hardhats, protective suits, and devices to protect eyes and hearing depending upon the position you may be employed in, the task(s) you may perform, or the tools or equipment you may utilize.
- You will always be required to follow all of Ripa and Associates Safety Practices, Procedures and Policies.
- Under normal business circumstances, you will normally be required to work up to, and occasionally more than 10 hours per day at least 4 days per week.
- Saturday work-days are often required and are NOT optional when required.
- You may occasionally be asked OR required to work on Sundays.
- Overnight work may occasionally be required.

Other qualifications: Field Employees need manual dexterity, eye-hand coordination, good physical fitness, a good sense of balance, and an ability to work as a member of a team. You must be WILLING and ABLE to take direction from your Foreman or the Designated Acting Foreman, your Superintendent or any Ripa employee who is a Person of Authority in the Company.

By signing this form, you are acknowledging that you understand the basic primary conditions and nature of Generally Accepted Construction/Labor work at Ripa and Associates. You agree that you are physically ABLE AND WILLING to perform such work on a daily basis. You are also acknowledging that you are WILLING AND ABLE TO ATTEND work daily as scheduled, unless otherwise excused by the Ripa Foreman or the Designated Acting Foreman, or the Superintendent or any Ripa employee who is a Person of Authority in the Company, should you be employed by Ripa and Associates.

Print Name: _____ Signature: _____

SSN: _____ Date: _____

Ripa and Associates
APPLICATION FOR EMPLOYMENT-CMT/DRIVER 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 30 days only. Consideration for employment after 30 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 offerees)

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 approximate 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: No. of Yrs Completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____ Major _____ Degrees _____

Other Training or Degrees: School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

LICENSES/MEMBERSHIPS: _____

What Class CDL do you currently possess? CDL Class _____ In what State _____?

List any Endorsements you have _____

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 ___

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 10 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 10 years of work history; List any work history that you do have).

Please list previous employment for the past 10 years, including Military.

Name of Prior Employer #1		Address	City	State
Phone Number	Job Title	Name of Supervisor		
Starting Date (Mo/Yr)	Starting Salary	Leaving Date (Mo/Yr)	Final Salary	
Job Description and Responsibilities				Were you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO
Explain reasons/circumstances for changing or wanting to change jobs				
Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40: <input type="checkbox"/> YES <input type="checkbox"/> NO				

Is there a TIME GAP between employer #1 and employer #2? Yes ___ No ___

If YES: From ___/___/___ To ___/___/___
Month/Year Month/Year

Tell us why: _____

Name of Prior Employer #2		Address	City	State
Phone Number	Job Title	Name of Supervisor		
Starting Date (Mo/Yr)	Starting Salary	Leaving Date (Mo/Yr)	Final Salary	
Job Description and Responsibilities				Were you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO
Explain reasons/circumstances for changing or wanting to change jobs				
Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40: <input type="checkbox"/> YES <input type="checkbox"/> NO				

Is there a TIME GAP between employer #2 and employer #3? Yes ___ No ___

If YES: From ___/___/___ To ___/___/___
Month/Year Month/Year

Tell us why:

Name of Prior Employer #3		Address	City	State
Phone Number	Job Title	Name of Supervisor		
Starting Date (Mo/Yr)	Starting Salary	Leaving Date (Mo/Yr)	Final Salary	
Job Description and Responsibilities				Were you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO
Explain reasons/circumstances for changing or wanting to change jobs				
Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40: <input type="checkbox"/> YES <input type="checkbox"/> NO				

Is there a TIME GAP between employer #3 and employer #4? Yes ___ No ___

If YES: From ___/___/___ To ___/___/___
Month/Year Month/Year

Tell us why:

Name of Prior Employer #4		Address	City	State
Phone Number	Job Title	Name of Supervisor		
Starting Date (Mo/Yr)	Starting Salary	Leaving Date (Mo/Yr)	Final Salary	
Job Description and Responsibilities				Were you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO
Explain reasons/circumstances for changing or wanting to change jobs				
Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40: <input type="checkbox"/> YES <input type="checkbox"/> NO				

Is there a TIME GAP between employer #4 and employer #5? Yes ___ No ___

If YES: From ___/___/___ To ___/___/___
Month/Year Month/Year

Tell us why:

Name of Prior Employer #5		Address	City	State
Phone Number	Job Title	Name of Supervisor		
Starting Date (Mo/Yr)	Starting Salary	Leaving Date (Mo/Yr)	Final Salary	
Job Description and Responsibilities				Were you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO
Explain reasons/circumstances for changing or wanting to change jobs				
Were you subject to the Federal Motor Carrier Regulations (FMCSRs) while employed by this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40: <input type="checkbox"/> YES <input type="checkbox"/> NO				

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

I certify that the information I have provided is true and complete to the best of my knowledge. I understand the provided information may be used, and my previous employers will be contacted, for the purpose of investigating my safety performance and work history.

Signature: _____

Date: _____

Supplemental Application FOR DOT DRIVER APPLICANTS ONLY

Have you ever been convicted of a criminal offense or an arrestable traffic violation such as a DUI or reckless driving (excluding speeding tickets and signal violations), or plead nolo contendere (no contest) to a crime or moving traffic violation, or been found guilty of a crime or a moving traffic violation? *(Include any and all instances of these even if adjudication was withheld).*"

YES NO You must answer yes or no in order to be considered for employment.

If yes, you must provide a full description:

Traffic Convictions or Forfeitures for the past (3) years

Location	Date	Charge or Violation	Penalty

Do you have a valid driver's license? YES NO If yes, what type? _____

Do you have a valid Commercial Driver's License? YES NO If yes, what class & endorsement? _____

Do you have an airbrake restriction? YES NO

Do you have a valid driver's license from another state? YES NO

If yes, Furnish driver's license number: _____ State: _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. Total Miles
		From	To	
Straight Truck				
Semi				
Air Brakes				
Hazmat				
Other				

List All Motor Vehicle Accidents during the last (3) years preceding the date of this application.

	Dates	Nature of Accident (rear-end, overturn, changing lanes, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

List all addresses at which you have resided during the preceding 3 years:

Dates	Address	City	State	Zip Code

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: _____