



Notice to All Applicants

Thank you for your interest in working with RIPA & Associates. We are always accepting applications for all field job positions.

Some positions, including the one you may be applying for today, may not be open on the date that you are applying. Please note we keep your application "active" for 30 days after the date you applied.

- If a position for which you applied and are qualified opens up during that 30-day period, we will contact you.
- If after 30 days you have not heard from us and you are still interested in employment at RIPA & Associates, you will need to complete a new application. You can come back into our office to do so or you may access our online application at www.ripatampa.com.

Note to Heavy Equipment Operator Applicants

Most Heavy Equipment Operator positions require both previous experience **and** a field performance test with one of our Foremen or Superintendents, regardless of how much experience you may have.

If your application and/or a brief interview indicate **to us** that you may be a qualified operator candidate, we will arrange a non-medical performance test for you immediately. Be prepared to go out to one of our job sites for a review of your operator abilities.

Note to All Non-Operator Field Applicants

Not all positions require previous experience in site/utilities construction. Many types of previous work experience will allow you to be considered for some of our positions.

In order to select the most qualified applicants for positions at RIPA & Associates, we check your work history with your past employer(s). You must complete the application as fully as possible. Missing or incorrect information, such as past employers' phone numbers and complete job locations including city and state, not answering all the questions, etc., may disqualify your application from consideration.

Job Requirements for All Field Positions

At RIPA & Associates ALL FIELD POSITIONS require the employee **to be able and to be willing** to perform ground and labor work, with or without reasonable accommodation, 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 essential job functions you will or may need to be able to perform as a RIPA Field Employee, with or without reasonable accommodation, 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 essential job function you may be required to perform in every field position.

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 of up to 80 lbs
- 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 & Associates Safety Practices, Procedures and Policies
- Under normal business circumstances, you will 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 reasonable 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 & Associates. You agree that you are physically ABLE AND WILLING to perform such work on a daily basis, with or without reasonable accommodation. 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 & Associates.

Print Name

Signature

Date

Notice to Applicants of RIPA & Associates

RIPA & Associates is a Drug Free Work Place

It is a condition of employment with the Company to refrain from possessing, selling, soliciting, transferring, producing, distributing, dispensing and/or using impermissible drugs or alcohol either on-the-job or off-the-job and the Company has implemented a drug and alcohol testing program to enforce this policy. Each job applicant and employee will be subject to the following drug and alcohol testing as appropriate: pre-employment, reasonable suspicion, routine fitness for- duty testing, or follow up testing pursuant to the Company's policy. Job applicants who receive a positive, confirmed test result will be rejected for employment. Employees who receive a positive, confirmed test result will be terminated.

Existence of Drug-Free Workplace Program Rule

Job applicants and employees are hereby notified of the existence of the Drug-Free Workplace Program rules set forth in Florida Statutes Sections 440.102 et seq. and Florida Administrative Code Rules 59A-24 et seq. The Company's drug-free workplace policy complies with these statutory sections and administrative rules.

Offers of employment are expressly conditioned upon passing a drug test. Employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug Free Work Place Policy.

Confidentiality

All information, interviews, reports, statements, memoranda, and drug and alcohol test results are confidential communications and will not be disclosed except in a proceeding to determine compensability of an injury under Florida Statutes Chapter 440, if authorized by written consent by the tested job applicant or employee, or otherwise permitted by law.

Confidential Reporting of Use of Prescription or Non-Prescription Medication

Prior to and after a drug and alcohol test, job applicants and employees will be permitted to confidentially report the use of prescription or non-prescription medications to the Medical Review Officer (MRO) and will receive notice of the most common drugs or medication by brand or common name, as well as by chemical name, which may alter or affect a drug or alcohol test.

Consequences of Refusing to Submit to a Drug and Alcohol Test

A job applicant who refuses to submit to a drug and alcohol test will be rejected for employment. Tampering with a drug test will be deemed a refusal to test. Refusal to submit to a drug or alcohol test is grounds for termination.

List of Local Employees Assistance Programs and Alcohol and Drug Rehabilitation Programs

RIPA does not offer employee assistance programs or drug or alcohol rehabilitation program benefits to its employees. A list of the names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs available to employees is included in your medical benefits. RIPA has not investigated such programs and makes no recommendations regarding them.

Contesting Drug and Alcohol Test Results

Job applicants and employees who receive positive, confirmed drug and alcohol test results may contest such results within 5 working days after receiving the Company's notification of a positive, confirmed drug and alcohol test results by contacting the Human Resources Manager at (813) 623-6777.

Responsibility to Notify Testing Laboratory

If a job applicant or employee brings an administrative or civil action pursuant to Florida Statute Chapter 440, the job applicant or employee has the responsibility under Florida Administrative Code rule 59A-24 et seq. to notify the testing laboratory of such administrative or civil action.

Consultation with Medical Review Officer

Job applicants and employees have the right to consult with the medical review officer (MRO) for technical information regarding prescription and non-prescription medication. The medical review officer may be contacted through the Human Resources department since the MROs vary by location.

Compliance and Notification Requirement

It is the responsibility of each employee to abide by the terms of this Notice. It is the responsibility of the employee to notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of any controlled substance law of the United States or any State criminal drug statute occurring in the workplace no later than 5 days after any such conviction.

If an Applicant or Employee is a primary Spanish speaking person he or she may contact the Ripa & Associates Human Resources Department to obtain assistance with understanding the information contained in this Notification.

Si el idioma primario del solicitante ó empleado(a) es español y necesita asistencia para interpretar la información incluida en esta notificación. favor de comunicarse con el Departamento de Recursos Humanos de RIPA & Associates. Nuestras oficinas están localizadas en el 1409 Tech Blvd., Suite 1, Tampa, Florida 33619, teléfono 813-623-6777.

By signing this notification I certify that I have read and understand the information contained herein. I also certify that I agree to abide by all of its requirements and provisions. I understand that refusal to complete and sign this notification will result in the withdrawal of any offer of employment.

Print Name

Signature

Date



1409 Tech Boulevard, Suite 1
Tampa, FL 33619

APPLICATION FOR EMPLOYMENT

Ripa & Associates is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete this application in its entirety.
- Type or print in ink.
- In accordance with s.119.071(5)(a)2, F.S., your Social Security Number may be collected for the purpose of assisting with pre-employment eligibility screening and to process your application.
- Specify the position for which you are applying.
- Sign your name in the Certification Section. All information you submit is subject to verification.

Position applied for: _____ Date of application: _____

Hourly Wage or Salary Desired: \$ _____

Date available: _____

Referral Source: Walk-in Employee Referral (if so, name of employee): _____
 Advertisement
 RIPA website
 Other (please specify): _____

Are you legally eligible to be employed in the United States? Yes No

(In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.)

PERSONAL INFORMATION

			/ /
Last Name	First Name	Middle Initial	Social Security Number
Street Address			
City	State	Zip Code	
()	()	()	
Home Phone Number	Cellular Phone Number	Other Phone Number	
What other names or alias have you used or been known by: _____			
Primary Email Address: _____		Secondary Email Address: _____	

Driver's License #: _____ State: _____

Endorsement: Yes No If yes, what class: _____

GENERAL INFORMATION

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date and position held: _____ Reason for leaving: _____
Do you have any relatives or friends employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Names of relatives or friends employed by this Company: _____ _____
Have you ever been involuntarily terminated or asked to resign from any position of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe circumstances: _____ _____ _____
Have you pleaded nolo contendere to, or been convicted of misdemeanor or a felony in any court, domestic or foreign? A conviction includes a plea of guilty, guilty verdict, or finding of guilt, regardless of whether the sentence is imposed by the Court or adjudication is withheld. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____ _____ _____ (A conviction will not necessarily result in the denial of employment.)

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.	
Circle the highest grade completed 10 11 12 13 14 15 16+	OSHA Training: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	List OSHA Training you have had in the last 4 years or attached a copy of your OSHA card or certificate. _____ _____ _____ _____ _____
If yes, name/location of school: _____	
Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None	
Did you earn a degree from college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current CPR Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of college(s): _____ Degree(s): _____	If yes, issued by: _____ Expiration Date: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, including military service, please provide the following information: (use additional sheet of paper if more space is necessary)	
Company: _____	Job Title: _____
Address: _____ _____	Dates Employed: _____ (Month/Year)
Supervisor's Name & Title: _____ _____	Starting Salary: _____ Ending Salary: _____
Telephone #: _____	Summarize type of work performed and job responsibilities: _____ _____ _____ _____
Reason for Leaving (please select one): <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (explain): _____ <input type="checkbox"/> Quit (reason): _____ <input type="checkbox"/> Other (explain): _____	

EMPLOYMENT HISTORY (CONTINUED)

Company: _____ Address: _____ _____ Supervisor's Name & Title: _____ _____ Telephone #: _____	Job Title: _____ Dates Employed: _____ (Month/Year) Starting Salary: _____ Ending Salary: _____ Summarize type of work performed and job responsibilities: _____ _____ _____ _____
Reason for Leaving (please select one): <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (explain): _____ <input type="checkbox"/> Quit (reason): _____ <input type="checkbox"/> Other (explain): _____	

Company: _____ Address: _____ _____ Supervisor's Name & Title: _____ _____ Telephone #: _____	Job Title: _____ Dates Employed: _____ (Month/Year) Starting Salary: _____ Ending Salary: _____ Summarize type of work performed and job responsibilities: _____ _____ _____ _____
Reason for Leaving (please select one): <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (explain): _____ <input type="checkbox"/> Quit (reason): _____ <input type="checkbox"/> Other (explain): _____	

Company: _____ Address: _____ _____ Supervisor's Name & Title: _____ _____ Telephone #: _____	Job Title: _____ Dates Employed: _____ (Month/Year) Starting Salary: _____ Ending Salary: _____ Summarize type of work performed and job responsibilities: _____ _____ _____ _____
Reason for Leaving (please select one): <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (explain): _____ <input type="checkbox"/> Quit (reason): _____ <input type="checkbox"/> Other (explain): _____	

Company: _____ Address: _____ _____ Supervisor's Name & Title: _____ _____ Telephone #: _____	Job Title: _____ Dates Employed: _____ (Month/Year) Starting Salary: _____ Ending Salary: _____ Summarize type of work performed and job responsibilities: _____ _____ _____ _____
Reason for Leaving (please select one): <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (explain): _____ <input type="checkbox"/> Quit (reason): _____ <input type="checkbox"/> Other (explain): _____	

APPLICANT POSITION QUESTIONNAIRE

Complete all sections as applicable to your experience

CREW TYPE	RELATED EXPERIENCE # YEARS AND/OR # MONTHS	
<input type="checkbox"/> CONCRETE	_____	_____
<input type="checkbox"/> EARTHWORKS/DIRT	_____	_____
<input type="checkbox"/> FINE GRADE	_____	_____
<input type="checkbox"/> ROAD/BASE	_____	_____
<input type="checkbox"/> SERVICE/PUNCHOUT	_____	_____
<input type="checkbox"/> STABILIZATION	_____	_____
<input type="checkbox"/> UTILITY/PIPE	_____	_____
<input type="checkbox"/> ANY	_____	_____

POSITION TYPE	RELATED EXPERIENCE # YEARS AND/OR # MONTHS	
<input type="checkbox"/> CONCRETE FINISHER	_____	_____
<input type="checkbox"/> DRIVER	_____	_____
<input type="checkbox"/> FOREMAN	_____	_____
<input type="checkbox"/> HILLMAN	_____	_____
<input type="checkbox"/> LABORER	_____	_____
<input type="checkbox"/> PIPE LAYER	_____	_____
<input type="checkbox"/> SUPERINTENDENT	_____	_____
<input type="checkbox"/> TAILMAN	_____	_____
<input type="checkbox"/> OTHER	_____	_____

FROM YOUR HIGHEST SKILL LEVEL TO YOUR LOWEST, LIST THE EQUIPMENT YOU HAVE EXPERIENCE OPERATING:

EQUIPMENT	RELATED EXPERIENCE # YEARS AND/OR # MONTHS
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

REFERENCES

List name and telephone number of at least three business/work references who are *not* related to you and are familiar with your work.

Name	Position or Title	Relationship	Telephone #	Years Known
			()	
			()	
			()	
			()	
			()	

FOR RIPA USE ONLY:

APPLICANT'S CERTIFICATION AND AGREEMENT

APPLICANT PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

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 & Associates to verify their accuracy and to obtain reference information on my work performance. I hereby release RIPA & Associates 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 further understand that my employment is "at-will" and either I or the Company may terminate this relationship any time, for any unlawful reason, with or without cause or notice.

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 & 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 & Associates, Inc. However, I further understand that neither the policies, rules, regulations of employment, nor 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 & Associates may terminate my employment at any time with or without notice or cause.

As part of RIPA's hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals with whom you are acquainted or who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA. Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 *et seq.*; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled Rights Under the Fair Credit Reporting Act. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. Your information may be processed in a foreign country by persons providing services to our company and it may be accessible to law enforcement and national security authorities of that jurisdiction.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 *et seq.*, the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit RIPA & Associates (Name of Employer or Prospective Employer) to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records. I understand that an "investigative consumer report" may result that could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above.

This information may be obtained in whole or in part by iiX or its agents. I consent to and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction. I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original.

Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Signature

Date

RIPA & ASSOCIATES

Request for Job Applicant Information

RIPA & Associates is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

Employees are treated during employment without regard to race, color, religion, gender, national origin, age, veteran status, disability, genetic information and testing, and Family and Medical leaves. As employers, and government contractors, we comply with government regulations and affirmative action obligations. 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.

I. General Applicant Information

PRINT NAME:	DATE:
JOB TITLE(S) APPLIED FOR _____ _____	

II. Gender

Male

Female

III. Race or Ethnic Identity (Please check one)

Hispanic or Latino

Asian

White (Not Hispanic or Latino)

American Indian or Alaskan Native

Black or African American

Two or More Races

Native Hawaiian or Pacific

I Do Not Wish to Self-Identify

IV. Veteran Status (Please check one if applicable)

Disabled Veteran

Other Protected Veteran

Recently Separated Veteran

Armed Forces Service Medal Veteran

V. Please tell us how you heard about our opening(s):

Walk-in

Referral - please write the name of the person who referred you _____

Advertisement - *Publication Name* _____

Employment Agency - *Agency Name* _____

Outreach Group or Organization - *Group or Organization Name* _____

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