## **Sippel Development Co., Inc.** Employment Application

## PERSONAL INFORMATION

Name:					
Address:					
City:	State:	Zip:			
Home Phone:	Cell Phone:				
Position applying for?					
Date you are available to start?					
Preferred work location (check all that	t apply)Western PA	Central PA _	Eastern PA _	Any Availabl	e
How did you hear about the position?	(Please be specific regarding	g websites, new	spapers, referrals	3)	
Why do you want to work with us?					
WORK HISTORY					
Employer	Cit	у		State	
Dates of Employment//	to/	May we co	ontact this employ	yeryes	no
Reason for Leaving					
Starting Job Title	Starting S	alary			
Ending Job Title	Ending Sa	ılary			
Supervisor's Name	Employer	r's Phone Numb	er:		
This section to be completed by CDL Holders  1. Were you subject to the Federal Motor Carrier  2. Was your job designated as a safety-sensitive by 49 CFR Part 40?yesno  3. Can you certify that you have NEVER been not testing positive?yesno	r Safety Regulations (FMCSRs) whil function in any DOT regulated mod	le employed?le subject to alcoho	yesno l and controlled subst	tances testing requ	irements as required
Employer	Ci	ty		State	
Dates of Employment//	to/	May we co	ntact this employ	yeryes	no
Reason for Leaving					
Starting Job Title	Starting S	alary			
Ending Job Title	Ending Sa	lary			
Supervisor's Name	Employer	's Phone Numb	er:		
This section to be completed by CDL Holders  1. Were you subject to the Federal Motor Carries  2. Was your job designated as a safety-sensitive by 49 CFR Part 40?	r Safety Regulations (FMCSRs) whil function in any DOT regulated mod	e employed?le subject to alcoho	yesno l and controlled subst	tances testing requ	irements as required

Employer	City		_ State		
Dates of Employment//	to N	lay we c	ontact this employe	eryes	no
Reason for Leaving					
Starting Job Title	Starting Salary_				
Ending Job Title	Ending Salary				
	isor's NameEmployer's Phone Number:				
This section to be completed by CDL Holders only.  1. Were you subject to the Federal Motor Carrier Safe  2. Was your job designated as a safety-sensitive funct by 49 CFR Part 40?	rty Regulations (FMCSRs) while emplo ion in any DOT regulated mode subjec	yed? ct to alcoho	_yesno ll and controlled substar	nces testing requ	nirements as required
EDUCATION					
High School	Graduated?	ves	no		
Trade School				ves	no
College/University				-	
				•	
Degree Earned					
Other: Institution Name	Course of S	tudy			
Total Years Branch Rank at Discharge Skills/Experience			-		
CERTIFICATIONS AND LICENSES					
Certification/License Name					
Issuing Authority	Expiration Date (mm/dd/yyyy	<sup>/</sup> )			
Certification/License Name					
Issuing Authority	Expiration Date (mm/dd/yyyy	<sup>,</sup> )	<del></del>		
Skills and Abilities for <b>FIELD</b> positions:		Years	s of Experience		
Operating machinery with GPS			<del>-</del>		
Fine grading with a dozer					
Bulk earthmoving with a dozer					
Pushing scrapers with a dozer					
Excavator on pipeline work					
Opening or Closing trenches					
Loading tri-axles or rock trucks					
Operating a road grader					
Fine grading for pavement					
Operating a road grader on haul roads					

ADDITIONAL KNOWLEDGE, S	KILLS AND/OR ABILITIES RELEVANT TO THE POSITION THAT YOU ARE APPLYING FOR:
	<del></del>
	<del>-</del>
PROFESSIONAL REFERENCES	
Name	Phone Number
Company	Title
	Years Known
Name	Phone Number
Company	Title
Relationship	Years Known
Have you ever been convicted	of a misdemeanor or felony?yesno
If yes, please explain	
gravity of the offense, age at the	rcessarily be a bar to employment. In accordance with applicable laws, factors such as the nature and time of the offense, the remoteness of the offense in time, rehabilitation efforts, and the nature of the concount in determining effect on suitability for employment.
submission of any false inform employment, whether on this of by Sippel Development Co., Inc contract. I understand that, if I or without cause and with or w	the statements I have made are true and correct to the best of my knowledge. I understand that the ation or the omission of any requested information in connection with my application for locument or not, may be cause for failure to hire or for immediate discharge should I be employed. I understand that completion of an employment application does not constitute an employment tired, my employment would be "at-will" and could be terminated at any time by either party with ithout notice. I understand that, if hired, an offer of employment is contingent upon the successful assessments, checks and/or screenings as designated by Sippel Development Co., Inc.
regard to race, color, religion, s protected by federal, state or lo nondiscrimination in employm employment including but not	ovides equal employment opportunities to all employees and applicants for employment without ex, national origin, disability, age, genetic information, veteran status or any other characteristic ical law. Sippel Development Co., Inc. complies with applicable state and local laws governing ent in every location in which the company operates. This policy applies to all terms and conditions of limited to recruiting, hiring, placement, compensation, benefits, training, evaluation of performance, off, leaves of absence, disciplinary action and termination.
SIGNATURE_	DATE