

APPLICATION FOR EMPLOYMENT

Rampart Hydro Services, L.P.
530 Moon Clinton Road, Coraopolis, PA 15108



APPLICATION			DATE:	
Last Name		First Name		Middle Initial
Present Address				
Mailing Address		Apt #	City, State, and Zip Code	
			How Long?	
List your addresses of residency for the past 3 years preceding the date on which this application is submitted:				
Mailing Address		Apt #	City, State, and Zip Code	
			How Long?	
Mailing Address		Apt #	City, State, and Zip Code	
			How Long?	
Mailing Address		Apt #	City, State, and Zip Code	
			How Long?	
Home Telephone No.	Cell Phone No.		Business Telephone No.	Email Address:

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to accept employment in the United States? <i>(Federal law requires that you furnish documentary evidence of your authorization to work in the United States)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

How were you referred to Rampart Hydro Services?
 Advertisement Employment Agency School Employee Internet Website Other

Please identify name of referral source:

Have you ever applied for employment or been employed by Rampart Construction or Flow Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', when and what job?	Job Title:

POSITION FOR WHICH YOU ARE APPLYING:			
DATE AVAILABLE:	Check all than you may be interested in:		
Salary Expected:	Annually:	Hourly:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>

Are you willing to Travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work any shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony offense within the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please provide dates and disposition:	

COMPLETION REQUIRED FOR CDL DRIVER APPLICANTS	
Date Application Submitted:	Date of Birth:
Social Security Number:	
Motor Vehicle Operator's License or Permit information (information from unexpired license or permit that will be submitted to Employer):	
Issuing State:	
License or Permit Number:	Expiration Date:

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MILITARY SERVICE <i>(if applicable)</i>			
Current Military Status? <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Retired <input type="checkbox"/> Inactive Reserves			
Branch of Service:		Rank or Grade:	
Entrance Date:		Date of Discharge:	
Special Training:			

EDUCATION/TECHNICAL TRAINING				
Name & Location	Years Attended	Field of Study	Degree	GPA/ Rank
High School:				
GED:				
College:				
Technical School:				
Academic Awards:				
Other:				

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EXPERIENCE <i>(Please list periods of employment, beginning with the most recent position. Include volunteer or military experience which may relate to the position you are seeking.)</i>			
Most Recent Employer:			Phone Number:
Street Address:		Suite #	City, State and Zip Code
Supervisor's Name:		Supervisor's Title:	Dates of Employment (Month/year): From: To:
Starting Salary (Base Pay): \$		Ending/Current Salary: \$	Position Title:
Brief Job Description/Duties:			
Applicants with a CDL:			
A) Include the nature and extent of your experience in your operation of motor vehicles, including the type of equipment (such as busses, trucks, truck tractors, semitrailers, full trailers, and pole trailers)			
B) Were you subject to the FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C) Was this 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			
Reason for leaving (or considering leaving):			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer:			Phone Number:
Street Address:		Suite #	City, State and Zip Code
Supervisor's Name:		Supervisor's Title:	Dates of Employment (Month/year): From: To:
Starting Salary (Base Pay): \$		Ending/Current Salary: \$	Position Title:
Brief Job Description/Duties:			
Applicants with a CDL:			
A) Include the nature and extent of your experience in your operation of motor vehicles, including the type of equipment (such as busses, trucks, truck tractors, semitrailers, full trailers, and pole trailers)			
B) Were you subject to the FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C) Was this 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			
Reason for leaving (or considering leaving):			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Supervisor's Name:	Supervisor's Title:	Dates of Employment (Month/year): From: To:
Starting Salary (Base Pay): \$	Ending/Current Salary: \$	Position Title:
Brief Job Description/Duties:		
Applicants with a CDL:		
A) Include the nature and extent of your experience in your operation of motor vehicles, including the type of equipment (such as busses, trucks, truck tractors, semitrailers, full trailers, and pole trailers)		
B) Were you subject to the FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C) Was this 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		
Reason for leaving (or considering leaving):		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Supervisor's Name:	Supervisor's Title:	Dates of Employment (Month/year): From: To:
Starting Salary (Base Pay): \$	Ending/Current Salary: \$	Position Title:
Brief Job Description/Duties:		
CDL Drivers:		
A) Include the nature and extent of your experience in your operation of motor vehicles, including the type of equipment (such as busses, trucks, truck tractors, semitrailers, full trailers, and pole trailers)		
B) Were you subject to the FMCSRs while employed by this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C) Was this 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		
Reason for leaving (or considering leaving):		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Which job has given you the most satisfaction? Why? (Optional)			
What is the most important skill you demonstrated on your current/last job?			
Have you ever been discharged or been asked to quit in lieu of termination by an employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details:			
REFERENCES <i>(Please provide three (3) personal references (non-relatives))</i>			
Name	Address	Phone Number	Years Known

SPECIAL SKILLS <i>(applicable to Office Staff Applicants Only)</i>	
Typing/Word Processing Speed: wpm	Computer Skills: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Software Knowledge: <input type="checkbox"/> Windows <input type="checkbox"/> Foundation <input type="checkbox"/> ACCESS <input type="checkbox"/> Power Point <input type="checkbox"/> EXCEL <input type="checkbox"/> WORD <input type="checkbox"/> Other: please list below	
Other Software Skills:	
Additional Skills/Equipment Experience/Languages:	

SPECIAL SKILLS <i>(applicable to Shop and/or Field Applicants Only)</i>	
Mechanical Skills	Years of Experience:
Types of Machines Operated:	Years of Experience:
List all other skills that may be applicable to your position and the years of experience:	Years of Experience:

**Applicants without a CDL license please continue to Page 9, the signature page.
CDL applicants continue on the next page.**

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For those applying to operate a commercial motor vehicle (CDL Drivers):

- A. As defined by part 383 subchapter, supply a list of the names and addresses of employers during the 7 year period preceding the 3 years listed on pages 3 and 4 of this application for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and reasons for leaving:

Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		
Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		
Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		
Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		

APPLICATION FOR EMPLOYMENT

Rampart Hydro Services, L.P.
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Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		
Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		
Previous Employer:		Phone Number:
Street Address:	Suite #	City, State and Zip Code
Dates of Employment (Month/year):	From:	To:
Reason for leaving (or considering leaving):		

B. A list of motor vehicle accidents in which the applicant was involved during the 3 years preceding the date this application is submitted:

DATE OF ACCIDENT	NATURE (DESCRIPTION) OF ACCIDENT	ANY FATALITIES OR PERSONAL INJURIES ACCIDENT CAUSED

APPLICATION FOR EMPLOYMENT

Rampart Hydro Services, L.P.
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- C. A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date this application is submitted.

Date of Conviction	Offense	Location	Type of motor vehicle operated

- D. A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you, OR a statement that no such denial, revocation, or suspension has occurrence:

Statement:

- E. Drivers with Department of Transportation regulated employment during the preceding three years have the following rights regarding the investigative information provided to Rampart Hydro Services pursuant to paragraphs (d) and (e) of FMCSA (Federal Motor Carrier Safety Administrations regulation §391.23:
- a. The right to review information provided by previous employers;
 - b. The right to have errors in the information corrected by the previous employer and for employer to re-send the corrected information to the prospective employer;
 - c. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

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This certifies that this application was completed by me and that my signature is to certify that all entries on it and information given by me on this application for employment is true, correct and complete to the best of my knowledge, and that Rampart Hydro Services, L.P. and its agents has my permission to consult any or all of the references given on this application and to consult my previous employers, as designated, concerning my personnel records and safety performance history information. In the event that I am offered employment at Rampart Hydro Services, I understand that I will be requested to:

- Pass a Medical Examination
- Pass a Drug Test
- Undergo a Background Check
- Have a Driving Record Check performed
- Sign a form acknowledging receipt and review of the personnel policy manual
- Work the hours, the days, and the shifts (either day or night) scheduled by the management of the department in which I am employed subject to applicable statues and regulations.

By signing this application drivers with Department of Transportation regulated employment acknowledge the required notification in Item E on page 8 of 9 of this application.

Any incorrect, incomplete or false statements or information furnished by me will subject me to discharge at any time. I also understand that this application is not a contract of employment. If I am offered and accept employment at Rampart Hydro Services, I may voluntarily leave Rampart Hydro Services employment upon proper notice; and, my employment may be terminated by Rampart Hydro Services at will, by Pennsylvania law.

SIGNATURE:	DATE: