APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer (Rev. 1/2022)

Complete the following information and FAX to 610-944-0640
or e-mail to accounting@descco.com along with your resume, if applicable

Position(s) Applied For _____ Date of Application _____
Desired Salary _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

How Long at this Address? _____ If not at above address for past three (3) years, list previous below:
Previous Address _____

Phone Number _____ E-Mail Address _____
List other names under which you attended school or were employed _____

How did you learn about DESCCO Design & Construction, Inc.?

☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other _____

Do you have any friends or relatives employed by DESCCO Design & Construction, Inc.?
☐ Yes, List name(s) _____
☐ No

When are you available for work? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

***Note:* Proof of citizenship or immigration status will be required upon employment. (An I-9 Form must be completed) This organization participates in E-Verify (see attachment)**

Have you ever filed an application with DESCCO Design and Construction, Inc. before?
☐ Yes, Give date _____ ☐ No

Are you currently employed? ☐ Yes ☐ No

Are you on a "lay-off" status and subject to recall? ☐ Yes ☐ No

Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony?
(An affirmative answer will not necessarily preclude employment.)
☐ Yes ☐ No
If yes, give date, place, charge and disposition. _____

***Note:* A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. Employees may be required to complete Pennsylvania Child Abuse History Clearance forms as required by Act 151.**

Do you have any limitations regarding hours that you can work? ☐ Yes ☐ No
If yes, explain _____

Do you have any travel restrictions? ☐ Yes ☐ No
If yes, explain _____

Do you have any transportation? ☐ Yes ☐ No
Do you have a current Driver's License? ☐ Yes (State _____ Class _____ Expiration Date _____)
☐ No

List all moving motor violations (other than parking) for the last 3 years.

Do you have a current?

First Aid Certification ☐ Yes ☐ No Expiration Date Certifying Agency
CPR Certification ☐ Yes ☐ No Expiration Date Certifying Agency
AED Certification ☐ Yes ☐ No Expiration Date Certifying Agency
OSHA 10 Hour Construction Safety Certification ☐ Yes ☐ No

U.S. Military Service

Branch of Service Length of Service Rank/Rate at discharge

Are you a member of the Armed Service Reserve? ☐ Yes ☐ No

Are you a member of the R.O.T.C? ☐ Yes ☐ No

NOTE TO APPLICANTS:
DO NOT ANSWER THE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you fully able, with or without reasonable accommodation, to perform the functions of the job which you have applied?
☐ Yes ☐ No

Please describe how, with or without reasonable accommodation, you will perform the functions of your job.

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				

Employment Experience for the past three (3) years:

(If you need additional space, please continue on a separate sheet of paper.)

Start with your most present or last job. Include all employment and be complete, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disability, or other protected status.

ATTENTION: If you hold a CDL, you must provide COMMERCIAL DRIVING EXPERIENCE for the past 10 years. (Attach additional sheet if more space is needed)

Current/Last Employer *May we contact this employer?* ☐ *Yes* ☐ *No*

Name of Employer	Address (City, State)	Telephone Number

Date Started	Starting Salary/Wage	Starting Position

Date Stopped	Ending Salary/Wage	Position at Time of Leaving

Name & Title of Supervisor	Reason for Leaving

Brief Description of Your Responsibilities

Y ☐	N ☐	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?
Y ☐	N ☐	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?

Previous Employer *May we contact this employer?* ☐ *Yes* ☐ *No*

Name of Employer	Address (City, State)	Telephone Number

Date Started	Starting Salary/Wage	Starting Position

Date Stopped	Ending Salary/Wage	Position at Time of Leaving

Name & Title of Supervisor	Reason for Leaving

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Previous Employer *May we contact this employer?* _☐_ *Yes* _☐_ *No*

Name of Employer	Address (City, State)	Telephone Number

Date Started	Starting Salary/Wage	Starting Position

Date Stopped	Ending Salary/Wage	Position at Time of Leaving

Name & Title of Supervisor	Reason for Leaving

Brief Description of Your Responsibilities

Y ☐	N ☐	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?
Y ☐	N ☐	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?

Comments: (including explanation of any gaps in employment):

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

References: (do not list relatives or employers)

Name	Address	Telephone number

THE FOLLOWING SECTION MUST BE COMPLETED BY APPLICANTS FOR POSITIONS THAT REQUIRE THE OPERATION OF ANY COMPANY VEHICLE (including cars, vans, trucks, etc.)

Applicants who are NOT applying for a position that requires operation of company vehicles,* ***SKIP TO NEXT PAGE. Do NOT completed the following sections.*

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE AND CDL PHYSICAL CARD

States and license numbers for all unexpired commercial licenses and permits

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B	ENDORSEMENTS

Accidents/Crashes for the past three (3) years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Conviction and Forfeitures for the past three (3) years:

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	☐ Y	☐ N
If YES, please explain:		
Has any license, permit or privilege ever been revoked?	☐ Y	☐ N
If YES, please explain:		
The company requires all employees who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?	☐ Y	☐ N

I understand that the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant Signature **Date**

Important Authorization and Understanding

1. Completeness and accuracy of information. I represent that all the information now or hereafter given by me in support of my application for employment is true and complete. I understand, that if I am hired, any false or misleading information of my application may subject me to discharge at any time during my period of employment.

2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever, because of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

4. No written, oral, or implied contracts. I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements, or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.

5. Benefits may be altered. I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.

6. Equal Employment Opportunity Statement. This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State, and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State, or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

7. Discrimination and Sexual Harassment Policy Statement. This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

8. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.

9. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.

I acknowledge that I have read and understand the above statement in its entirety and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Applicant Signature **Date**