

Employment Application For
Sherwood Construction Co., Inc.

3219 West May - Wichita, KS 67211
(Phone) 316-943-0211 – (Fax) 316-943-3772

The following is a list of other businesses in the family of Sherwood Companies:

Greenhill Concrete	Midwest Environmental Contractors, Inc. (Wichita, KS)	Utility Maintenance Contractors (Wichita, KS)
Greenhill Materials Co., LC (Catoosa, OK)	Midwest Environmental Services, Inc. (Catoosa, OK)	Wildcat Concrete Services, Inc (Topeka, KS)
Klaver Construction Company, Inc. (Kingman, KS)	Sherwood Construction Co., Inc. (Catoosa, OK)	Wildcat Civil Services (Kiowa, CO)
Klaver Construction Products, LLC (Kingman, KS)	Triangle Copter Service (Wichita, KS)	Wildcat Construction Co., Inc. (Wichita, KS)
Metal Pros, LLC (Wichita, KS)	Tulsa Asphalt Co., LLC (Owasso, OK)	Wildcat Golf, Inc. (Wichita, KS)

Today's Date _____ Desired Position _____
Referred By _____

Your Name _____
(First) (Middle) (Last)

Address _____
City, State, Zip _____
Phone Number _____ Alternate number _____

PERSONAL INFORMATION

Social Security Number..... - -
Are you over 18? (circle one)..... Yes No
Are you willing to work 50 - 70 hours per week on a regular basis?..... Yes No
Are you willing to relocate?..... Yes No
What languages do you speak fluently? (circle one or more)
English Spanish Other _____

GENERAL INFORMATION

Do you have a valid driver's license? (circle one)..... Yes No
If yes, what is your driver's license number _____
State _____ Class _____ Expiration Date _____
Are you a veteran?(circle one)..... Yes No
Have you ever been convicted of a crime? (besides a traffic violation) (circle one)..... Yes No
If yes, please explain: (you may speak confidentially with someone if you prefer)

Have you ever worked at any of the above listed companies?..... Yes No
If yes, which company _____ and when _____
Do you know anyone at any of the above companies?..... Yes No
If yes, who? _____
Is there anything we can do to reasonably accommodate any special need or disability you may have?..... Yes No
If yes, please explain: _____

EXPERIENCE

Please circle any of the following in which you are competent.

Years of Experience

Operator:	Bulldozer - Motor grader – Scraper - Loader	_____
	Crane – Backhoe - Roller - Other	_____
Craft worker	Carpenter - Form Builder - Pipe layer - Concrete Finisher	_____
Laborer:	Heavy - Light	_____
Shop Worker:	Welder – Mechanic - Heavy Equipment - Auto	_____
Truck Driver:	Buses – Trucks - Truck Tractors - Semi Trailers - Full Trailers Pole Trailers	_____
Clerical:	Receptionist - Payroll - Accounts Payable - Computer	_____
	Human Resources – Benefits - Runner	_____
Other:	_____	_____

EMPLOYMENT HISTORY

Please list your employment history beginning with your current employer or most recent. Include at least the last three years of your work history.

1. _____

Name of Employer	Address	City	Phone

Name of Supervisor	Your position	Dates employed	to from

Reason for leaving			

2. _____

Name of Employer	Address	City	Phone

Name of Supervisor	Your position	Dates employed	to from

Reason for leaving			

3.

Name of Employer	Address	City	Phone
Name of Supervisor	Your position	Dates employed	to from
Reason for leaving			

4

Name of Employer	Address	City	Phone
Name of Supervisor	Your position	Dates employed	to from
Reason for leaving			

5

Name of Employer	Address	City	Phone
Name of Supervisor	Your position	Dates employed	to from
Reason for leaving			

REFERENCES - Please list three (3) other people who are familiar with your work.

1.	Name	Address	Phone
2.	Name	Address	Phone
3.	Name	Address	Phone

EDUCATION

Grade Completed	7	8	9	10	11	12	13	14	15	16	17	18	19+
High School attended	City	State	Diploma?	Year									
Special Education or Training _____													

COMMENTS

Please use this section for any comments you may have regarding employment with our company.

PLEASE READ THE FOLLOWING CAREFULLY

This company requires all applicants, after their conditional offer of employment, to submit to a PRE-EMPLOYMENT DRUG SCREEN and a POST OFFER WORK PHYSICAL. The applicant must have results showing that there are no drugs in his/her system before beginning work. This company may perform a BACKGROUND CHECK which includes checking references and criminal history. Before an applicant begins work, he/she will be required to go through a COMPANY ORIENTATION which will describe in detail basic safety requirements as well as the benefits offered. This company is an EQUAL OPPORTUNITY EMPLOYER that does not discriminate on the basis of sex, race, color, national origin, age, religion, sexual orientation. Further, this company ensures that its employees are treated without discrimination in regard to the above criteria. This company maintains an EMPLOYMENT AT WILL status with all its employees. This means an employee may be terminated at any time for good cause, bad cause or no cause at all.

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I understand that I may be terminated if I have falsified any information on this application. I agree to abide by the company policy as explained above and will not discriminate against any co-worker should I become employed.

Signature of Applicant

CDL SECTION

Fill this section out if: You are applying to operate a commercial motor vehicle as defined by Part 383 **OR** You currently are not licensed to operate a commercial motor vehicle as defined by Part 383 **but would like to become** licensed and operate a commercial motor vehicle as defined by Part 383.

Date of Birth _____

Home addresses any time in the last 3 years:

Street Address	City	State	Zip Code	from	to
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Street Address	City	State	Zip Code	from	to
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Street Address	City	State	Zip Code	from	to
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If you need more space for addresses, please write on the back of this page.

Have you had any motor vehicle accidents during the 3 years preceding the date the application is submitted?
No _____ Yes _____. If yes, please list specifying the date and nature of each accident and any fatalities or personal injuries it caused.

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted:

Have you ever received a denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you? No _____ Yes _____. If yes, please list in detail the facts and circumstances.

Were you subject to the FMCSR (Federal Motor Carriers Safety Regulations) while employed by any previous employer? No _____ Yes _____

Was any job you held 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? No _____ Yes _____

CDL SECTION

(continued)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide / obtain proof that you've successfully completed the the DOT return-to-duty requirements?

Check one: Yes No

List all names and address of employers during the 7 year period preceding the 3 years contained earlier in this application for which you were an operator of a commercial motor vehicle.

Name of Employer	Address	City	Phone
Name of Supervisor	Your position	Dates employed	to from
Reason for leaving			

Name of Employer	Address	City	Phone
Name of Supervisor	Your position	Dates employed	to from
Reason for leaving			

Name of Employer	Address	City	Phone
Name of Supervisor	Your position	Dates employed	to from
Reason for leaving			

Name of Employer	Address	City	Phone
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Name of Supervisor	Your position	Dates employed	to	from
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Reason for leaving

Name of Employer	Address	City	Phone
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Name of Supervisor	Your position	Dates employed	to	from
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Reason for leaving

Sherwood Construction Co., Inc. & Affiliates

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number