

Employment Application For Sherwood Companies

Please circle the company or companies for which you are applying:

Borton LC (Hutchinson, KS)
Greenhill Concrete (Tulsa, OK)
Greenhill Materials (Tulsa, OK)
Kansas Transload Services (Great Bend, KS)

Klaver Construction Co., Inc. (Wichita, KS)
Millennial Asphalt (Tulsa, OK)
Oklahoma Construction Materials (Oklahoma City, OK)
Sherwood Construction Co., Inc. (Tulsa/OKC, OK)

Sherwood Construction Co., Inc. (Wichita, KS)
Wildcat Construction Co., Inc. (Wichita, KS)
Wildcat Construction Co., Inc. (Colorado Springs, CO)
Wildcat Concrete Services (Topeka, KS)

Today's Date _____ Desired Position _____

How did you hear about us? _____

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

Address _____

City, State, Zip _____

Phone Number _____ Alternate number _____

Email address _____

PERSONAL INFORMATION

Do you have authorization to work in the United States without visa sponsorship?...Yes No

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

Are you willing to travel? Yes No If yes, how far? _____

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 _____

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? _____

EXPERIENCE

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

Years of
Experience

Operator:	Bulldozer - Motor grader – Scraper - Loader	_____
	Crane – Backhoe - Roller – Paver - 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 - Mixer Truck	_____
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			

EDUCATION

Grade Completed 7 8 9 10 11 12 13 14 15 16 17 18 19+

High School attended City State Diploma?

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

Sherwood Companies ("Sherwood") requires all applicants to submit to a **PRE-EMPLOYMENT DRUG SCREEN** and **PHYSICAL AFTER** an offer of employment is made. The company must have results showing the absence of drugs in the applicant's system **BEFORE** beginning work. If you are offered employment that requires use of a CDL, or if you will be driving a company vehicle, a satisfactory Moving Violation Report must be obtained prior to you beginning work. The company may also perform a background check which includes checking references, credit and criminal history reports. Upon successful completion of the foregoing requirements, and prior to beginning work, each newly hired employee will go through Orientation.

AS AN EQUAL OPPORTUNITY EMPLOYER, SHERWOOD DOES NOT DISCRIMINATE IN ITS EMPLOYMENT DECISIONS ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, AGE, MILITARY STATUS, DISABILITY, VETERAN STATUS, CREED, MARITAL STATUS, GENETIC INFORMATION OR ON ANY OTHER BASIS THAT WOULD BE IN VIOLATION OF ANY APPLICABLE FEDERAL, STATE OR LOCAL LAW, NOR IS DISCRIMINATION OR HARASSMENT TOLERATED BY ITS EMPLOYEES. SHERWOOD IS COMMITTED TO FOLLOWING ITS WRITTEN AFFIRMATIVE ACTION PLAN TO ENSURE UTILIZATION OF INDIVIDUALS WITH DISABILITIES AND VIETNAM-ERA OR PROTECTED VETERANS AT ALL LEVELS AND DIVISIONS OF THE COMPANY. FURTHERMORE, ALL EMPLOYEES ARE HIRED ON AN AT-WILL BASIS, AND THE EMPLOYMENT RELATIONSHIP CAN BE TERMINATED AT ANY TIME BY EITHER SHERWOOD OR THE EMPLOYEE.

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 understand the hiring process outlined above and that any offer of employment is conditioned upon my successful completion of the requirements. I agree to abide by Sherwood's Equal Employment and Discrimination policy as explained above and will not discriminate against any co-worker should I become employed.

Signature of Applicant

VOLUNTARY INFORMATION

(To be completed by applicant.)

In order to comply with annual federal law reporting requirements, we ask you to voluntarily complete this form. The information requested will be kept confidential and a refusal to provide the information will not affect your opportunity for employment. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment. Do not hesitate to ask for assistance if you have any difficulty completing this form. Thank you very much for your cooperation.

Please Print

(Last Name) *(First Name)* *(Middle Initial)* *(Application Date)*

Race or National Origin **(Circle One or More)**

- **White**..... (Not Hispanic or Latino)

- **Hispanic or Latino**

- **Black or African American**

- **Native Hawaiian or other Pacific Islander**..... (Not Hispanic or Latino)

- **Asian**..... (Not Hispanic or Latino)

- **American Indian or Alaska Native**..... (Not Hispanic or Latino)

- **Two or More Races**..... (Not Hispanic or Latino)

Date of Birth _____

Your Sex **(Circle One)** Male Female

Sherwood Companies Affirmative Action Program Request for Veteran Classification

The Sherwood Companies “Sherwood” is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A **“disabled veteran”** is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An **“Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DECLINE SELF-IDENTIFICATION

Applicant Name

Date

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
Street Address	City	State	Zip Code	from	to
Street Address	City	State	Zip Code	from	to

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 Companies
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

**BACKGROUND CHECK PERMISSION (COMPREHENSIVE)
FOR PROSPECTIVE EMPLOYEE**

In connection with my application for employment with the Sherwood Companies (the "Company"), I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of Company's consideration of my employment application, I give permission to Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

2. CONSENT TO CONTACT PAST EMPLOYERS

I specifically give permission to Company to contact all of my prior employers for references. I further give permission to all current or previous employers and /or managers or supervisors to discuss my relevant employment history with Company. I do hereby consent to the release of such information orally or in writing by my former employer.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate Company as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. MISCELLANEOUS

I understand that I have no guarantee of employment and that the Company may determine not to hire me for any lawful reason.

Applicant Signature

Date

Applicant printed name

Social Security Number

Date of birth

Current Street Address

City

State

Zip Code

Driver's License Number

State Issued

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.