

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA



4421 Harry
Wichita, KS 67209
(Phone) 316-945-9408
(Fax) 316-942-4012

WILDCAT EMPLOYMENT APPLICATION

Equal Opportunity Employer

PERSONAL INFORMATION

Date _____

Desired Position _____ Referred By _____

Your Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phone Number _____ Alternate number _____

Social Security Number _____ Are you over 18? 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? English Spanish Other _____

GENERAL INFORMATION

Do you have a valid driver's license? Yes No

If yes, what is your driver's license number _____

State _____ Class _____ Expiration Date _____

Are you a veteran? Yes No

Have you ever been convicted of a crime? (besides a traffic violation) Yes No

If yes, please explain: (you may speak confidentially with someone if you prefer) _____

GENERAL INFORMATION (cont.)

Have you ever worked at any of the below listed companies? (check all that apply and indicate when) Yes No

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

Do you know anyone at any of the above companies? Yes No If yes, who? _____

Is there anything we can to do to reasonably accommodate any special need or disability you may have? Yes No

If yes, please explain: _____

EXPERIENCE

Please check any of the following in which you are competent and indicate years of experience

- Operator:** Bulldozer _____ Motor grader _____ Scraper _____ Loader _____ Crane _____
 Backhoe _____ Excavator _____ 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 _____ Phone _____
Address _____ City _____ State _____
Name of Supervisor _____ Your position _____ Dates employed: From _____ to _____
2. Name of Employer _____ Phone _____
Address _____ City _____ State _____
Name of Supervisor _____ Your position _____ Dates employed: From _____ to _____
3. Name of Employer _____ Phone _____
Address _____ City _____ State _____
Name of Supervisor _____ Your position _____ Dates employed: From _____ to _____

REFERENCES

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

1. Name _____ Phone _____
Address _____ City _____ State _____
2. Name _____ Phone _____
Address _____ City _____ State _____
3. Name _____ Phone _____
Address _____ City _____ State _____

EDUCATION

Highest Completed: 7 8 9 10 11 Graduate High School

Some College Graduate College Degree _____

High School attended: _____ City _____ State _____ Years _____

College attended: _____ City _____ State _____ Years _____

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, or 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 _____

VOLUNTARY INFORMATION

(To be completed by applicant.) In order to comply with reporting requirements under federal law, 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 or type

Application Date _____ Date of Birth _____ Sex Male Female

Your Name _____
First Middle Last

Race or National Origin (Check 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)

EQUAL OPPORTUNITY EMPLOYMENT

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 past three years:

Address _____ From _____ to _____

City _____ State _____ Zip _____

Address _____ From _____ to _____

City _____ State _____ Zip _____

Address _____ From _____ to _____

City _____ State _____ Zip _____

Address _____ From _____ to _____

City _____ State _____ Zip _____

Address _____ From _____ to _____

City _____ State _____ Zip _____

CDL SECTION (cont.)

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 three 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 MCSRs 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

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? No Yes

2. If you answered yes, can you provide / obtain proof that you've successfully completed the the DOT return-to-duty requirements? No Yes

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.

1. Name of Employer _____ Phone _____
Address _____ City _____ State _____
Name of Supervisor _____ Your position _____ Dates employed: From _____ to _____
Reason for leaving _____

CDL SECTION (cont.)

2. Name of Employer _____ Phone _____
Address _____ City _____ State _____
Name of Supervisor _____ Your position _____ Dates employed: From _____ to _____
Reason for leaving _____

3. Name of Employer _____ Phone _____
Address _____ City _____ State _____
Name of Supervisor _____ Your position _____ Dates employed: From _____ to _____
Reason for leaving _____

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 _____