

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Sheridan Corporation is an Equal Opportunity Employer and complies with all laws enforced by The Equal Employment Opportunity Commission (EEOC). The EEOC enforces the following federal laws: Title VII of the Civil Rights Act of 1964 (Title VII), the Age Discrimination in Employment Act (ADEA), the Equal Pay Act (EPA), and the Americans with Disabilities Act (ADA). These laws prohibit employment discrimination based on race, color, sex, religion, national origin, age, disability or in retaliation for opposing job discrimination, filing a charge or participating in proceedings under the laws. All qualified candidates will be considered for employment in accordance with these laws.

GENERAL INFORMATION

Name (Last)	(First)				(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)			(State)	(Zip)	Other Telephone
E-Mail Address			ally ontit	led to worl	k in the U.S.? 🔲 Ye	s 🗖 No
		Alle you leg	any entit			
Race / Ethnic Group (Voluntary) How did you hear about us?						
White Black Hispanic American Indian / Alaskan Native	Asian / Pac	ific Islander	ΠTΛ	Radio	— · · · · · · · · — ·	Career Center
Other			Sheric	dan Website	Other	

POSITION

Position Applying			Date Available
Are you willing to travel? Yes No	Are you willing to work overtime? 🔲 Yes 🗌 No	Are you 18 years of age or older?	Yes 🔲 No
Have you ever been employed by Sheridan Co	nstruction Corporation? 🗌 Yes 🔲 No	If yes, when?	

EDUCATION AND TRAINING

	Name and Location	Degree	Did you Graduate?	Year Graduated
High School			🗌 Yes 🔲 No	
College / Technical			🗌 Yes 🔲 No	

VETERAN INFORMATION (Most recent)

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EMPLOYMENT HISTORY (Most recent)

Employer		
Address		
Job Title		
From/To (Month/Year)	Supervisor's Name	Telephone Number
Reason For Leaving		
May We Contact This Employer?		
Employer		
Address		
Job Title		
From/To (Month/Year)	Supervisor's Name	Telephone Number
Reason For Leaving		
May We Contact This Employer? Yes No		
Employer		
Address		
Job Title		
From/To (Month/Year)	Supervisor's Name	Telephone Number
Reason For Leaving		
May We Contact This Employer? Yes No		

Reference

News	Address	Talankana Numban
Name	Address	Telephone Number

General Information

Have you been convicted of any criminal violations of the law? (Anything after your 18th birthday)	🗌 Yes 🗌 No	(explain)
Do you have a valid driver's license	🗌 Yes 🗌 No	What class is your license?
Do you have your own reliable transportation?	🗌 Yes 🗌 No	
Do you have your own tools for the position applying for?	🗌 Yes 🗌 No	
Are you willing to purchase the tools required for that position on a time basis?	🗌 Yes 🗌 No	

Skills Survey

Concrete Forming		Reinforcing		Steel Erection		Roofing	
Types of Forms		Tied Rebar	☐ Yes ☐ No	Conventional	Yes No	Metal	☐ Yes ☐ No
Applied form oil	☐ Yes ☐ No	Used Yoyo	Yes No	Pre-engineered	Yes No	Screw Down	☐ Yes ☐ No
Vibrated Concrete	☐ Yes ☐ No	Used Pliers	☐ Yes ☐ No	With Who		Standing Seam	☐ Yes ☐ No
	Yes No			Type of building			
Metal Siding		Rough Carpentry		General Labor		Other	
Tin Snips	☐ Yes ☐ No	Framing / Sheathing	☐ Yes ☐ No	Shoveling	☐ Yes ☐ No	Finish Carpentry	☐ Yes ☐ No
Nibblers	☐ Yes ☐ No	Who did you work for		Demolition	☐ Yes ☐ No	Equipment Operation	☐ Yes ☐ No
Impact Wrench	☐ Yes ☐ No	How much experience		Jackhammering	Yes No	Concrete Finishing	☐ Yes ☐ No
	Yes No	Have you used Skill Saw / Air Nailer / Table Saw	☐ Yes ☐ No			Welding	Yes No

Skilled Questions

What diameter is #4 rebar?	
What is the true dimension of a 2x4?	
Which direction does a skill saw blade turn?	
What is purlin / girt/ bar joist?	
What is a yoyo?	
What is toe nailing?	
What is a spud?	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant

Zero-

ro-Tolerance Substance Abuse
t is the policy of Sheridan to maintain a workplace free of alcohol and illegal drugs and their effects. Employees are required to report to work and perform work throughout the day fit for duty. Sheridan has a zero-tolerance policy – any employee who is found to be
using, in possession of, or under the influence of those substances while working will be subject to disciplinary action up to and including termination.

No employee shall be permitted to work if he/she is under the influence of a substance that prevents him/her from safely performing the duties to his/her job. Sheridan does not allow employees to either possess or use medical marijuana while at work. No employee shall work while under the influence of medical marijuana. Any employee who uses or possesses medical marijuana at work will be subject to disciplinary action

Date ___

Any employee, who is taking medication (including prescription medication, over-the-counter medications, or medical marijuana) that may have an impact on their ability to work safely, must notify their supervisor prior to starting work. In this circumstance it may be necessary to obtain a medical opinion regarding the employee's fitness for duty.

Applicant's Certification and Agreement

- The distribution or receiving of this application by The Sheridan Corporation does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. This application will be considered valid for no longer than one year. Re-application is necessary after one year.
- I authorize all persons, schools, employers, and organizations mentioned in this application to provide The Sheridan Corporation with any and all information requested by The Sheridan Corporation, and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information.
- In the event I am employed by The Sheridan Corporation, I agree to comply with all its rules, regulations, and directives. I understand that my employment is for no stated term and is subject to termination at the will of The Sheridan Corporation.
- I certify that all statements made by me during the application process are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understand, and consent to the above statements.
- I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.
- I also understand that any offer of employment is contingent upon my completion of and The Sheridan Corporation's evaluation of a post-offer physical examination. •
- I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with The Sheridan Corporation and for no other reason.