

**Howard Sheppard, Inc**  
**P.O. Box 797**  
**Sandersville, GA 31082**  
**Driver Application**

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Howard Sheppard, Inc. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job disability, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize Howard Sheppard, Inc to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision(generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and that previous employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to provide corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information from a previous employer(s) and I cannot agree on the accuracy of the information.

The U.S. Department of Transportation requires that driver applications provide their date of birth.

<b>Signature</b>	<b>Date of Birth*</b>	<b>Application Date</b>

\*The age Discrimination of Employment Act of 1967 Prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
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Home Number:		Emergency Contact:	
Cell Number:		Contact's Number:	

**Current & Previous Addresses: (list 3 years)**

Address	City	State	Zip	From	To

**Position Applying for: (Check a box)**

Tank - Sandersville		Dump - Sandersville	
Tank - Augusta		Dump - Jeffersonville	
Tank - Savannah			
Containers - Company			

**Driver's License** (list each driver's license held in the past 3 years)

State	License Number	Type	Endorsements	Expiration Date

Have you ever worked for Howard Sheppard, Inc. before? \_\_\_\_\_ Dates \_\_\_\_\_

Who referred you to Howard Sheppard, Inc.? \_\_\_\_\_

Do you have a Transportation Workers Identification Card (TWIC)? \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz-Mat, etc): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Driving Experiences:**

Class of Equipment	Dates	Approximate miles	Circle type of equipment
Straight Truck			Van Tank Dump Container
Tractor / Trailer			Van Tank Dump Container
Doubles / Triples			Van Tank Dump Container
Other			Van Tank Dump Container

List states operated in for the last 5 years: \_\_\_\_\_

**OR** you may circle: **Georgia only** **SE Region** **All 48 states**

**Accident Record for the past 3 years**

Date of Accident	Nature of Accident (Head on, Rear end, etc.)	Location	Haz-mat spill	Fatalities	Injuries

**Traffic Convictions and Forfeitures**

Date	Location	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_
- C. Have you ever been convicted of a crime? \_\_\_\_\_
- D. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past 2 years for an employer who did not hire you? \_\_\_\_\_

**If the answer to A, B, C, or D is "YES", give details** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment History** (attach a sheet if more space is needed)

We must have a complete record of all previous employment for the **past 10 years**. For all listings where you were an independent contractor or drove for an independent contractor you must put the name and contact information for the motor carrier to which the truck was leased. We have 30 days after you have accepted your first dispatch to verify past employment. Having the correct carrier name, phone number, address and contact person will make it easier to complete the verification.

From:	To:	Company Name:
Position:	Address:	
Reason for leaving:	Phone Number:	
** Were you subject to FMCSR while employed? (circle one)		<b>YES</b> <b>NO</b>
Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		<b>YES</b> <b>NO</b>

From:	To:	Company Name:
Position:	Address:	
Reason for leaving:	Phone Number:	
** Were you subject to FMCSR while employed? (circle one)		<b>YES</b> <b>NO</b>
Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		<b>YES</b> <b>NO</b>

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Position:	Address:	
Reason for leaving:	Phone Number:	
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Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		<b>YES</b> <b>NO</b>

\*\* The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on the highway in interstate commerce to transport passengers or property when the vehicle has a GVWR over 10,001 lbs or is designed or used to transport 9 or more passengers or used to transport hazardous materials in a quantity requiring placarding.

From:	To:	Company Name:	
Position:	Address:		
Reason for leaving:	Phone Number:		
** Were you subject to FMCSR while employed? (circle one)		YES	NO
Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		YES	NO

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Position:	Address:		
Reason for leaving:	Phone Number:		
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Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		YES	NO

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Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		YES	NO

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Was your job designed as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol Testing requirements of the 49 CFR Part 40?		YES NO

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**Personal References**

List three persons for references, other than family members, who have knowledge of your

NAME	ADDRESS	PHONE NUMBER

**To Be Read and Signed by Applicant**

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty and may result in immediate termination.

I give the motor carrier and its agents or representation the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification file. It is agreed and understood that this application for employment in no way obligates the motor carrier to hire me. It is agreed and understood that if qualified to operate under the motor carrier's name, I will have a probation period of not less than 90 days, during which I may be terminated without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Applicant's Signature**

**Date**

**NOTE:** The Company has adopted a program for the orientation of potential new employees, which is designed to facilitate a smooth integration into the workforce. Being invited to orientation does not constitute employment status; only upon meeting all the qualifications set forth by the DOT and Howard Sheppard, Inc. will an offer of employment be made.

**\*\*\* YOUR APPLICATION MUST BE TURN IN WITH A CURRENT 7-YEAR MVR \*\*\*  
ALONG WITH COPY OF YOUR CDL AND SOCIAL SECURITY CARD**

**PREVIOUS EMPLOYMENT  
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. ( see Sec. 40.25 (b) (5) and (e))

**Company Information:**

Howard Sheppard, Inc.  
755 Waco Drive  
Sandersville, GA 31082

Prospective Employee Name:

(Print)

SSN:

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 2 years?

**Circle one:**    Yes            No

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

**Circle one:**    Yes            No

Prospective Employee Signature:

Date:

Witnessed by:

Date:

(Signature)

We will send a copy of this form to each former employer. This form is to be completed by the employer, not the applicant. Please, just read over this page and complete only the 3 lines where the "X" has been placed.

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

Howard Sheppard, Inc  
PO Box 755  
Sandersville, GA 31082

**RETURN TO HR DEPARTMENT**

912-964-6259 **FAX**  
912-964-6252 Phone

I hereby authorize \_\_\_\_\_ to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol and drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) within the past 3 years from the date below to Howard Sheppard, Inc. I hereby release this company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company. This information is being requested in compliance with 40.25 and 391.23 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Social Security Number

**To be completed by previous employer:**

The above named person has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. As you will note from the waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. Thank you for your assistance.

Applicant: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Did the applicant drive a motor vehicle for you? (circle one) **YES** **NO**  
If YES, what type? Straight Truck \_\_\_\_\_ Tractor-Simi Trailer \_\_\_\_\_ Bus \_\_\_\_\_ Cargo Tank \_\_\_\_\_

If NO, what position did the applicant hold? \_\_\_\_\_

Reason for Leaving? Discharged \_\_\_\_\_ Resigned \_\_\_\_\_ Lay Off \_\_\_\_\_

If there is no safety performance history to report, check here \_\_\_\_\_ and sign below.

Accidents? **YES** **NO** (If yes, please give the dates and a brief description of each accident):

\_\_\_\_\_  
\_\_\_\_\_

Traffic Violations? **YES** **NO** (If yes, please list all including the date and type of violation):

\_\_\_\_\_  
\_\_\_\_\_

License(s) Suspended? **YES** **NO** (If yes, please list the date(s) of suspension):

Would you re-employ this person? **YES** **NO** **UPON REVIEW** (If no, please explain):

\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Date : \_\_\_\_\_

Any addition comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**We will send a copy of this form to each former employer.  
This form is to be completed by the employer, not the applicant**

**DRUG & ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by your company, check here \_\_\_\_\_ and sign below.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol		
2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances?		
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?		
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?		
5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?		
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ did this driver subsequently have a verified positive drug test/alcohol test results over 0.04 or refuse to test?		

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown above.

Completed by:

Date:

Print Name

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for employment with Howard Sheppard, Inc. (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Howard Sheppard, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (Please Print)**

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form relates to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.



Criminal History Consent Form

NAME \_\_\_\_\_  
Last First Middle

DOB \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ SS# \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

I am seeking employment with Howard Sheppard, Inc. I do hereby authorize the Washington County Sheriff's Department to search criminal files for any criminal history I may have and release my criminal history to Howard Sheppard, Inc.

THIS AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE OF SIGNATURE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
CRIMINAL HISTORY RELEASE INFORMATION

RELEASE TO \_\_\_\_\_  
(PRINT)

RELEASE BY \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: If an adverse decision is made concerning employment or license, against the person whose record was obtained; under the law the person shall be informed that a record was obtained and the specific contents of the record and the effect the record had upon the decision. Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

No record found \_\_\_\_\_

Record attached \_\_\_\_\_