

**Application for Employment**  
**Non Drivers and Administrative**  
 Howard Sheppard, Inc.  
 P.O. Box 797  
 Sandersville, Georgia 31082

<b>NAME</b>	_____	____	____
	(First)                      (Middle)                      (Last)	(Social Security Number)	
Home Number ( _____ )	Cell Number ( _____ )		
Emergency Contact Name / Number: _____			

**Current & Three Previous Addresses: (List Last 3 Years)**

Address	City	State	Zip	From	To

Are you at least 18 years of age? YES or NO

Are you legally eligible for employment in the United States? YES or NO

**Education History:** Please circle the highest grade completed: Grade School: 9 10 11 12 College: 1 2 3 4

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

**EMPLOYMENT DESIRED:**

Position applying for: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

For what type of work are you applying: FULL-TIME OR PART-TIME

Are you presently employed? YES or NO If so, may we contact your present employer? YES or NO

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment) YES or NO  
 If yes, please explain:

---



---

Have you ever applied to this company before? YES or NO

Are you available for work: DAYS-- YES or NO EVENINGS-- YES or NO

If required, will you work: Saturdays YES or NO Sundays YES or NO Overtime YES or NO

**EDUCATION AND SKILLS**

TYPE OF SCHOOL	NAME OF SCHOOL	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL			
VOCATIONAL			
COLLEGE			

Area of specialization or major interest:

---



---

List business, computer software, or industrial equipment operated:

---



---

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

We must have a complete record of all previous employment for a minimum of **5 years**. Having the correct company name, phone number, address and contact person will make it easier to complete the verification. Please begin with your current or most recent employer and list the positions held in date order. (Include voluntary work and military experience.)

1. Company Name:	From: To:	Position Held:	FULL TIME OR PART TIME
Address:		Job Responsibilities:	
Reason for leaving:	Beginning Salary: Ending Salary:	Contact Person: Phone #: ( )	

2. Company Name:		From:	Position Held:	FULL TIME OR PART TIME
		To:		
Address:		Job Responsibilities:		
Reason for leaving:	Beginning Salary:	Contact Person:		
	Ending Salary:	Phone #: (     )		

3. Company Name:		From:	Position Held:	FULL TIME OR PART TIME
		To:		
Address:		Job Responsibilities:		
Reason for leaving:	Beginning Salary:	Contact Person:		
	Ending Salary:	Phone #: (     )		

4. Company Name:		From:	Position Held:	FULL TIME OR PART TIME
		To:		
Address:		Job Responsibilities:		
Reason for leaving:	Beginning Salary:	Contact Person:		
	Ending Salary:	Phone #: (     )		

5. Company Name:		From:	Position Held:	FULL TIME OR PART TIME
		To:		
Address:		Job Responsibilities:		
Reason for leaving:	Beginning Salary:	Contact Person:		
	Ending Salary:	Phone #: (     )		

**Personal References**

List three persons for references other than family members.

Name	Address	Phone

**To Be Read and Signed by Applicant**

“I, \_\_\_\_\_, certify that the facts contained in this application are true and  
*(please print name clearly)*

complete to the best of my knowledge and that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

I authorize Howard Sheppard, Inc. to make such investigations and inquiries of my personal employment and financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release Howard Sheppard, Inc. and all persons or organizations contacted by Howard Sheppard, Inc. from any and all claims or causes of action arising out of Howard Sheppard, Inc’s verification of the information provided in this application, and other job-related information arising from such verification. I understand that if an offer of employment is made to me it may be contingent upon my completion of a physical examination to the satisfaction of Howard Sheppard, Inc. I hereby consent to undergo that physical examination, which may include any and all test and procedures determined by Howard Sheppard, Inc. to assist in evaluation my suitability for employment, including but not limited to a blood test, urinalysis and x-rays. 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.

\_\_\_\_\_  
(Applicant’s Signature)

\_\_\_\_\_  
(Date)

**THIS APPLICATION IS CURRENT FOR 90 DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER 90 DAYS, IT WILL BE NECESSARY FOR YOU TO COMPLETE A NEW APPLICATION**



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 release to 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 \_\_\_\_\_