

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

NAME	_____	____	____	____
	(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:	Position Held:	FULL TIME OR PART TIME
		To:		
Address:		Job Responsibilities:		
Reason for leaving:	Beginning Salary:	Contact Person:		
	Ending Salary:	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

Howard Sheppard, Inc.

PO Box 797 Sandersville, GA 31082-0797

Certificate of Violations & Annual Review of Driving Record

Pursuant to Part 391 of the Federal Motor Carrier Safety Regulations, each motor carrier shall at least every 12 months require each driver it employs or leases to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than parking) of which the driver has been convicted or forfeited bond for during the proceeding 12 months.

X Please list below all violations for the past 12 months or check here if none.

Date	Violation	State	Circle CMV or POV
			CMV or POV
			CMV or POV
			CMV or POV
			CMV or POV
X	X	X	X
Drivers Name	Social Security #	DL #	State
X		X	
	Address		Date of Birth
X		X	
	Drivers Signature		Date

I hereby certify that the above information is a true and complete list of all traffic violations (except parking) for which I have been convicted of or forfeited bond during the past 12 months

Failure to report a violation may result in termination

<p>DO NOT WRITE BELOW THIS LINE</p> <p>(HR & Safety Use Only) <input type="checkbox"/> Company Driver</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>MVR Reviewed & Attached <input type="checkbox"/></p> <p>DL Expiration Date / /</p>
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Meets minimum requirements for safe driving <input type="checkbox"/>	Not authorized to drive at this time <input type="checkbox"/>
Does not adequately meet satisfactory safe driving standards <input type="checkbox"/>	

Action taken: _____

Reviewed by: _____	Date: _____
Signature	
Printed Name	Title

Joel Cochran
Sheriff



Office of the Sheriff of Washington County
Post Office Drawer 30 • Sandersville, Georgia 31082 (478) 552-4795 • Fax (478) 552-5848

\$10.00 FEE _____

CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize HOWARD SHEPPARD TRUCKING CO. to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information, as authorized by State and Federal law.

Full Name (Print)			
Address			
Sex	Race	Date of Birth	Social Security Number

_____ This authorization is valid for _____ days from date of signature.

_____ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Signature of Employment Release Agency, Title

Date

***** OFFICIAL USE ONLY – DO NOT FILL *****

Date of Inquiry: _____ Time of Inquiry: _____ Operator Initials: _____

Purpose Code Used: (Check all that apply)

<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	M – Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input type="checkbox"/>	W – Working with Children

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached / Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
Wanting Agency Telephone: _____

Agency Designee Signature

Date