





Howard Sheppard Inc / HSI Logistics

755 Waco Drive, Sandersville, GA 31082 478-552-5127

Application ID: 1713955757

lob Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No. *
ate of Birth * Mobile Pho		Phone No. *	Other Phone No.	Email Address *		
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
Previous Address	*If at current addre	ess less than 7 years, lis	t below most recent addre	ziP	County	Yrs at this address
						l
/hat Division do you p	orefer to apply to?	Dump Division	Owner Operator cor	ntainer Divisio	nn	

ame - Exactly as i	t appears on your	driver's license *	Maider	or other name	used		
DL Type *		Endorsemen	ts (check all that a	pply)	License Ex	piration Date *	
	C None	Н					
ir Brake Restrictio	n? *	Automatic Tr	ansmission Restri	ction *	Years of C	DL Experience	
			- NI				
Yes No	ense Number * Is	Ssuing State/Province *	Curren	t DOT Medical (Card *	DOT Medical C	Card Expiration D
	ense Number * Is	ssuing State/Province *	Curren	s O No	Card *	DOT Medical C	Card Expiration D
	ense Number * Is	ssuing State/Province *	Curren:	s O No		DOT Medical C	Card Expiration D
urrent Driver's Lic		ssuing State/Province *	Curren Ye	s No		DOT Medical C	
urrent Driver's Lice		Ssuing State/Province * Driv	Curren Ye	ience Equipmen Flatbed			

☐ Yes ☐ No						
low many years Interm	andal Exporior	aco do vou bavo?				
low many years interm	loual Experier	ice do you nave:.				
o you have Chemical F	Experience? If	so, what chemicals have yo	ou hauled?:			
			Education			
		Name and Location of S	ehaal .	Years Attended	Diple	oma/Certification
High school		Name and Location of S	CHOOL	rears Attended	Біріс	oma/Certification
College						
Trade or Business Scl	hool					
ist special courses or	training that v	vill help you as a driver:				
		Ad	ditional Licenses			
			ditional Licenses	nact 5 years		
State/Province	Lic		licenses held in the	e past 5 years.	Ехр	piration date
State/Province	Lic	List ALL additional	licenses held in the		Ехр	piration date
		List ALL additional	licenses held in the	sement(s)		piration date
	Has any licen	List ALL additional cense no. Cla	licenses held in the	sement(s)	*	piration date
○ Yes ○ No -	Has any licen	List ALL additional cense no. Cla se, permit, or privilege ever b	licenses held in the	sement(s)	*	piration date
Yes No	Has any licen:	List ALL additional cense no. Cla se, permit, or privilege ever been convicted for driving to	licenses held in the	sement(s) voked, or denied?	k) ? *	
Yes No - Yes No - Have you ever tested employer to which you and alcohol testing rule	Has any licen: Have you ever positive or ret applied for bues during the	List ALL additional cense no. Cla se, permit, or privilege ever be repeated to test on any pre-emput did not obtain safety senspast 2 years? *	licenses held in the ss Endor een suspended, revunder the influence of the state of	sement(s) voked, or denied?	k) ? *	
Yes No Yes No Have you ever tested employer to which you and alcohol testing rule	Has any licen: Have you ever positive or ret applied for bues during the	List ALL additional cense no. Cla se, permit, or privilege ever been convicted for driving to	licenses held in the ss Endor een suspended, revunder the influence of the state of	sement(s) voked, or denied?	k) ? *	
Yes No - Yes No - Have you ever tested employer to which you and alcohol testing rule	Has any licen: Have you ever positive or ret applied for bues during the	List ALL additional cense no. Cla se, permit, or privilege ever be repeated to test on any pre-emput did not obtain safety senspast 2 years? *	licenses held in the ss Endor een suspended, revunder the influence of the state of	sement(s) voked, or denied?	k) ? *	
Yes No - Yes No - Have you ever tested employer to which you and alcohol testing rule	Has any licen: Have you ever positive or ret applied for bues during the	List ALL additional cense no. Cla se, permit, or privilege ever be r been convicted for driving to the did not obtain safety sens past 2 years? * r been convicted of a felony	licenses held in the ss Endor een suspended, revunder the influence of the state of	sement(s) roked, or denied? of drugs or alcoho or alcohol test ad work covered by [k) ? *	
Yes No - Yes No - Have you ever tested employer to which you and alcohol testing rule	Has any licen: Have you ever positive or ret applied for bues during the	List ALL additional cense no. Cla se, permit, or privilege ever been convicted for driving to the fused to test on any pre-emput did not obtain safety sensions 2 years? * The been convicted of a felony Accident F	licenses held in the ss Endor een suspended, revunder the influence of th	roked, or denied? of drugs or alcohol test ad work covered by I	k) ? *	
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Yes No Yes No Have you ever tested employer to which you and alcohol testing rule Yes No No Accidents to re	Has any licen: Have you ever positive or ret applied for be es during the Have you ever	List ALL additional cense no. Cla se, permit, or privilege ever been convicted for driving to the set on any pre-emput did not obtain safety senspast 2 years? * The been convicted of a felony Accident For the set of	licenses held in the ss Endor een suspended, revunder the influence of th	roked, or denied? of drugs or alcohol test ad work covered by I	k) ? *	

If no Traffic Convictions or Forfeitures to report, you must check this box. No Traffic Convictions or Forfeitures to report. Click on the Plus sign to add additional Traffic Convictions or Forfeitures. Location Date Charge(other Than Parking Violations) Penalty

	Empl	oyment History	
loyment for the last three (dditional seven (7) years for plete.		en a commercial vehicle previousl	rive a commercial vehicle list all y, you must provide employment histor plained in order for the application to b
EMPLOYER #1 Company *	Supervisor's Name	Supervisor Phone	Salary
Сопрану	Supervisor's Name	Supervisor Priorie	Salai y
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Decem For Looking *			
Reason For Leaving *	Driving/Hauling Ex	xperience With This Employer	
Reason For Leaving * Hauling What?	Driving/Hauling Ex Number of Mont	xperience With This Employer	ipment
		xperience With This Employer	
Hauling What? Were you subject to the Floral Plants Yes No	Number of Mont MCSRs while employed by this empl as a safety sensitive function in any	xperience With This Employer ths: Equi	ipment
Hauling What? Were you subject to the Fl Yes No Was your job designated a testing requirements as b	Number of Mont MCSRs while employed by this empl as a safety sensitive function in any y 49 CFR part 40? *	xperience With This Employer ths: Equi	ipment
Hauling What? Were you subject to the Florian Pres No Was your job designated attesting requirements as book of the Pres No	Number of Mont MCSRs while employed by this empl as a safety sensitive function in any y 49 CFR part 40? *	operience With This Employer ths: Equi	ipment

Tractor	Trailer	Straight Truck	Carg	Cargo Van	
Make	Make	Make	Mak	е	
Model	Model	Model	Mod	lel	
Year	Year	Year	Year		
VIN Number	Plate Number	VIN Number	VIN	Number	
Plate Number	Current Mileage	Plate Number	Plate	e Number	
Current Mileage	Length	Current Mileage	Curr	ent Mileage	
		Length	Leng	yth	

Authorization

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.

*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

They will be automatically completed using the	nat the following standard consent forms be completed. You do not e information you provided above. Please review each form in its ent n to sign and submit it along with your application.			
* Inquiry to Previous Employer				
* Previous Employer Inquiry For Driving H	istory & Safety Performance			
* PSP Consent Form				
* Consent for Release of Info Form				
* Disclosure and Authorization Form				
* Pre-Employment Controlled Substance	Consent Form			
* Fair Credit Reporting Act Consumer Rigi	hts			
* Drivers Rights Pertaining to Release of I	nformation under Regulation 391.23			
This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge. Print Name* Signature* Date 2024-04-24 10:49:17				