

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

311 LCR 730
 Thornton, TX 76687
 254-729-3177(Office) 254-729-2162(Fax)



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone (____) _____ Social Security No. _____ - _____ - _____

Cell phone (____) _____ Date of Birth ____ - ____ - ____ (mm/dd/yyyy)

If under 18, please list age _____

Email Address: _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Are you willing to travel? ____ Y/N Percentage of travel? 10%-25% 26%-60% 61%-100%

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY or A DUI/DWI? No Yes

If yes, please explain. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Sherrod Services LLC. creates an actual or implied contract of employment. I understand that, if I accept employment with Sherrod Services LLC., it will be on an at-will basis. This means that either Sherrod Services LLC. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Sherrod Services LLC. I release Sherrod Services LLC., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Sherrod Services LLC. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Sherrod Services LLC. and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

Sherrod Services LLC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Sherrod Services LLC. depends solely on your qualifications.

Attn: _____
Sent to Fax # _____

Sherrod Services LLC. 311 LCR 730 Thornton, TX 76687 254-729-3177 Office 254-729-2162 Fax

**EMPLOYMENT VERIFICATION
ALCOHOL TESTING & ACCIDENT HISTORY**

APPLICANT'S NAME: _____ SSN: _____

APPLICANT'S SIGNATURE: _____

POSITION APPLIED FOR: _____

The above individual has applied for employment with our company. In accordance with the FMCSR 391.23, we are providing you with a signed written request for the purposes of obtaining verification of the individual's safety performance history and drug & alcohol testing history from the previous three years. Per 391.23(g) you are required to respond to this within 30 days. If you have any questions, please do not hesitate to call. We thank you for your promptness in this matter.

Company: _____
City, State, Zip Code _____ Phone Number _____

Dates Given: From: _____ To: _____ Is this correct? Yes ___ No ___
If **NO**, provide correct dates From: _____ To: _____ Position: _____
Reason for Leaving: Terminated ___ Quit: ___ Still Employed: ___ Other: _____
Eligible for Rehire: Yes ___ No ___ Upon Review ___ General Conduct _____
Equipment Driven Tractor/Trailer ___ Straight Truck ___ Other _____
Comments: _____

ACCIDENT HISTORY

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies _____

DRUG AND ALCOHOL HISTORY

If driver was **NOT** subject to Department of Transportation testing requirements while employed by this employer, please check here: _____

Driver was subject to Department of Transportation testing requirements from _____ to _____

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration **Yes ___ No ___**
- Has this person tested positive or adulterated or substituted a test specimen for controlled substances? **Yes ___ No ___**
- Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? **Yes ___ No ___**
- Have you received information from a previous employer that this person violated DOT drug/alcohol regulations? **Yes ___ No ___**
- Has this person committed other violations of Subpart B of Part 382, or Part 40? **Yes ___ No ___**
- If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program while your employee, including return to duty and follow up test?

Name of person providing information: _____ Title: _____ Date: _____

Document Transaction History

- Faxed to the previous employer, Date: _____ Time: _____ **First Attempt**
- Faxed to the previous employer, Date: _____ Time: _____ **Second Attempt**
- Mailed to the previous employer, Date: _____ Time: _____ **Third Attempt**

Completed BY: _____