



DRIVER'S APPLICATION FOR EMPLOYMENT

Today's Date: _____

Detroit Branch

- Cadillac, MI
- Detroit, MI
- Grand Rapids, MI
- Kalamazoo, MI

Cleveland Branch

- Buffalo, NY
- Erie, PA
- Maple Heights, OH
- New Stanton, PA
- Parma, OH
- Zanesville, OH

Cincinnati Branch

- Walton, KY
- Bowling Green, KY
- Huntington, WV
- Terre Haute, IN

- Fort Wayne, IN **(Branch)**
- Atlanta, GA **(Branch)**
- Chicago, IL **(Branch)**

How Did You Learn About Us?

- Advertisement
 Friend
 Walk In
 Employment Agency
 Relative
 Other _____

APPLICANT INFORMATION

Last Name	First Name	Middle Name
Current Address Street	Apt. Number	City
	State	Zip Code
Previous Address Street	Apt. Number	City
	State	Zip Code
Telephone Number(s) ()		

Date of Birth *(Commercial Driver Applicants Only)* _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, please give date _____

Have you ever been employed with us before? Yes No

If yes, please give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain

We are an Equal Opportunity Employer

EMPLOYMENT HISTORY

Applicants to drive commercial motor vehicles shall provide a minimum three (3) years employment history and shall also provide an additional seven (7) years information for which the applicant operated a commercial motor vehicle.

Start with your present or most recent job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name	Dates Employed		Work Performed
	From	To	
Address (street, city, state & zip)			Job Title
Telephone Number(s)	Hourly Rate / Salary		Supervisor Name
	Starting	Final	
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving
Was your position designated as a Safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address (street, city, state & zip)			Job Title
Telephone Number(s)	Hourly Rate / Salary		Supervisor Name
	Starting	Final	
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving
Was your position designated as a Safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address (street, city, state & zip)			Job Title
Telephone Number(s)	Hourly Rate / Salary		Supervisor Name
	Starting	Final	
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving
Was your position designated as a Safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (continued)

Employer Name	Dates Employed		Work Performed
	From	To	
Address (street, city, state & zip)			Job Title
Telephone Number(s)	Hourly Rate / Salary		Supervisor Name
	Starting	Final	
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving
Was your position designated as a Safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address (street, city, state & zip)			Job Title
Telephone Number(s)	Hourly Rate / Salary		Supervisor Name
	Starting	Final	
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving
Was your position designated as a Safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address (street, city, state & zip)			Job Title
Telephone Number(s)	Hourly Rate / Salary		Supervisor Name
	Starting	Final	
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving
Was your position designated as a Safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS – COMMERCIAL DRIVER APPLICANTS ONLY

Have you, at any time within the past two years, failed or refused to submit to any type of alcohol or controlled substance test? Yes No

* Admission of failure to pass or refusing to submit to a requested test does not necessarily disqualify an applicant from employment. If yes, please list when the test was given, administered by whom and what type of testing was requested:

Date of Test	Administered By	Type of Test	Failed Due To

List all Driver's Licenses Held In The Last Three (3) Years – Include Current Commercial Driver's License

State	License Number	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If The Answer to Either A or B Is Yes, Please Attach Statement Giving Details

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) If none, write NONE.

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations) If none, write NONE.

Location	Date	Charge	Penalty

DRIVING EXPERIENCE

Class of Equipment	Check Type of Equipment	Dates		Approx. No. of Mile (Total)
		From	To	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			

List all States Operated in For Last Five (5) Years

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EDUCATION

	High School	Undergraduate College/University	Trade/Professional School	Graduate School
School Name and Location (city & state) Year				
Describe any honors you have received				
State any additional information you feel may be helpful in considering your application				
List professional, trade, business or civic activities and offices held	You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status			

Do you believe you can perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe
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I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Sherwood Transportation (herein called the Company) to verify such information and to contact any reference given by me, and I release the Company from any and all claims arising from such verification and reference efforts. If I am employed by the Company I agree that:

1. My employment shall be in accordance with the terms of (a) this application, (b) Company rules and regulations and any amendments thereto and (c) any applicable labor agreement. The Company shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.
2. I understand and agree that, unless modified by a formal employment contract or an applicable collective bargaining agreement, my employment is at-will, and I may be terminated at any time, with or without cause and with or without notice. In that event, the Company's only obligation will to pay wages or salary due to me through the date of termination, except as otherwise required by law. Without limitation, failure to abide by Company rules and regulations, failure to pass any Company physical examination and the falsification of any information given by me in this application will entitle the Company to terminate my employment as permitted by law.
3. I will submit to medical examination(s) by a physician appointed by the Company at such time(s) as it may request, and will submit to such examination before making any claim for injuries suffered in connection with my employment as permitted by law.
4. I agree that my employment may be contingent upon my meeting all placement considerations, including medical requirements.
5. All rights, titles and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me, which affect or relate to the Company's business shall vest in the Company and I shall have no personal right, title or interest whatsoever therein.
6. The Company, and any person or concern it may authorize, shall be entitled, without further consent or consideration, to copyright, sell or use in any manner, any picture or photograph of me.
7. If any injury to me or death in connection with my employment shall be subject to workers' compensation laws or to a Company paid on the job injury and accident benefit plan, I waive for myself, my heirs and representative, to the full extent permitted by law, all actions at law against the Company for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am stationed at the time of such injury or death or by such plan.

8. To the extent permitted by law, the Company shall have the right at any time after the termination of employment to furnish to others information concerning my employment record with the Company, including the information contained in this application.
9. I agree not to disclose any of the Company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the Company is terminated.
10. I understand and agree that an offer of employment, and my continued employment with the Company, are contingent upon satisfactory proof of my authorization to work in the United States.
11. I understand and agree that any offer of employment, and my continued employment with the Company, are contingent upon passing a drug screening test.
12. It is agreed that arbitration shall be the sole mechanism for bringing a legal claim against the Company and/or the client for matters relating to employment discrimination. Arbitration must be commenced with the American Arbitration Association within one (1) year of the date the claim arises and that judgment upon an award may be entered by any court of competent jurisdiction. If any portion of the agreement is determined to be unenforceable or invalid, this agreement shall still remain in full force and effect to the fullest extent allowable by law.

I also understand that the Company will rely on the information I have provided in this Application, and that falsification of any information I have provided in this Application or in connection with my employment will be grounds for immediate termination regardless of when the falsification is discovered.

In addition, I authorize Sherwood Transportation to initiate an investigation as outlined above.

Dated:	Signature of Applicant:
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**Sherwood Transportation is an Equal Opportunity Employer (M/F/V/D)
We are an E-Verify Employer**





**Background Check
Authorization**
an E-Verify Employer

In connection with your application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: driving record, court record, education, credentials, credit, and references.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby certify that I have received a summary of my rights under Appendix A to Part 601 of the FCRA and that this request for a Consumer Investigative Report meets the requirements of permissible purpose under Section 604 of the FCRA and that information obtained will not be used in violation of any federal or state equal opportunity regulation, and that, if any adverse action is taken based on the computer report, a copy of the report and a summary of my consumer rights will be provided to me.

By my signature below, I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contracted by IntelliCorp, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

****I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)**

Print Full Legal Name: _____
Any other Names Used: _____ Sex: M F
Social Security Number: _____ Date of Birth: _____
Driver's License #: _____ State Issued: _____
Current Street Address: _____
City, State and Zip: _____
Previous Address: _____

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

- Male Female
- Asian Black Hispanic White Other

Signature: _____ Date: _____