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Fax

**303-719 - 9521**  
**330-737-7702**  
**303-719-0399**  
**866-231-1349**

**Email**

[dispatch@shlogisticsllc.com](mailto:dispatch@shlogisticsllc.com)

**11102 E Harvard dr Aurora, CO 80014**

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) abd (e). I understand 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 out re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR COMPANY USE**

**PROCESS RECORD**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

**Substance Abuse Testing**  
Applicants extended offers for contractor or employee will be required to successfully pass a drug screen examination

**Job(s) Applying for** \_\_\_\_\_

**Experience Level** \_\_\_\_\_

**How many moving violations Last 3 years** \_\_\_\_\_

Can You provide driving record \_\_\_\_\_

IF NO REASON \_\_\_\_\_

Drivers personal information

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Middle Initial** \_\_\_\_\_ **CONTACT PH #** \_\_\_\_\_

**Birth date** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

Driver's License & CDL Information **E-MAIL** \_\_\_\_\_

**DL #** \_\_\_\_\_ **State** \_\_\_\_\_ **Expires** \_\_\_\_\_

**CDL Holder** \_\_\_\_\_

**CDL Endorsement** Hazmat Doubles Triples Tankers

**Driver Address Last 10 Years**

**Current Address**

Street Address

City

State

Zip

County

How long at this address

**Previous Address 1**

Street Address

City

State

Zip

County

How long at this address

**Previous Address 2**

Street Address

City

State

Zip

County

How long at this address

**Previous Address 3**

Street Address

City

State

Zip

County

How long at this address

Have you ever applied for work and/or worked for this company before?

If Yes, when

Are you able to perform the essential function and duties of job as contained

in the job description with reasonable accommodation

Have you ever been denied a license, permit or privilege to operate a motor vehicle

If Yes, then when and why?

Has your license, permit or privilege ever been suspended or revo If Yes, then when and why?

Have you ever been stopped while intoxicated

If Yes, then when ?

Have you ever used any illegal drugs ( including marijuana)? If Yes, When was the last time? If Yes, then when?

Have You ever been convicted for possession, sale or use of narcotic drug, amphetamine or derivate thereof

Comments:

Do You have any traffic conviction in last 5 years ?

If YES how many

Comments:

Have you ever been convicted of a criminal offense?

Comments:

Do you currently have any criminal actions pending in which you are a defendant

Are you currently on probation or parole ?

If Yes explain:

If hired, can you present evidence of your U.S Citizenship or proof of your legal right to live and work in this country

Please complete the driving experience information below:

Have you had licenses in other states in last 5 yrs?

State	License Type	License Number

List all States in which you have operate a Class A motor vehicle in past 5 years

Class of Equipment	Type of Equipment: Van Tank, Flat, etc.	From: (MM/DD?YYYY)	To: (MM/DD?YYYY)	Approx.NO of miles TOTAL
Straight Truck				
Tractor Trailer				
Tractor and two trailers				
Other				

How many accidents have you had in the last five years

How many traffic convictions have you had in the last five years

List all accidents and convictions in the last 5 years

Date	Type of vehicle	Nature of accident	Indicate Prevented yes/no	Fatalities	Injuries

Work History (Past 5 years)

Current or most recent Employer

Company Name

From

To

May we contact this employer

Street

Address

City

State

ZIP

Phone

Supervisor's Name

Position

Type of Equip.Driven

Reason for leaving:

**Second Prior Employer**

**Company Name**  **From**  **To**

**May we contact this employer**

**Street**

**Address**

**City**  **State**  **ZIP**

**Phone**  **Supervisor's Name**

**Position**  **Type of Equip.Driven**

**Reason for leaving:**

**Company Name**  **From**  **To**

**May we contact this employer**

**Street**

**Address**

**City**  **State**  **ZIP**

**Phone**  **Supervisor's Name**

**Position**  **Type of Equip.Driven**

**Reason for leaving:**

**Company Name**  **From**  **To**

**May we contact this employer**

**Street**

**Address**

**City**  **State**  **ZIP**

**Phone**  **Supervisor's Name**

**Position**  **Type of Equip.Driven**

**Reason for leaving:**

**What is highest grade you've completed?**

**High school**

Name	Graduate	Degree	Major/Minor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**College**

Name	Graduate	Degree	Major/Minor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Graduate School**

Name	Graduate	Degree	Major/Minor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Technical/Trade School/Truck Driving School**

Name	Graduate	Degree	Major/Minor

**Have You Served in the US Armed Forces**

Branch	Dates Served From	Dates Served To:

**Please Read Carefully and Sign Below**

I acknowledge that contract with the SH Logistics, LLC dba SH Transport is contingent upon successful results of a reference and background check. Any subsequent offer of contract may also be contingent upon successful completion of a medical examination by the Agency's medical professions. Therefore, I hereby authorize:

The Agency to (1) Investigate the truthfulness of all statements made on this application;(2) Contact employer(s) or any other person(s) who can verify information: (3) Discuss the results of any investigation with other employees of the Agency Involved in the hiring process, in addition, I give my consent for all persons including former employers to provide information concerning this application, and I release each person from liability for providing information to the Agency.

I understand by signing this application for contract, I declare the statements set forth above to be true and complete. I understand that false statements herein or failure to disclose information may be sufficient cause to disqualify me from employment or, if employed by the Agency, may be considered sufficient dismissal.

I further understand that just as I am free to resign at any time, The Agency reserves the right to terminate my employment at any time, with or without cause and without prior notice. Unless my employment is subject to the terms of a collective bargaining agreement. I understand that no representative of the Agency has the authority to make any assurances to the contrary.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_