

SH Logistics, LLC dba SH Transport

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Email: applications@shlogisticsllc.com

Application for Employment

Select position applying for: Select Position ▼ Experience Level: Select Experience ▼

How many moving violations in the last three (3) years? _____ Can you provide a driving record? Select ▼

If no, reason: _____

Have you ever been convicted for a criminal offense? Select ▼

If yes, please attach a statement with explanations.

Personal Information

First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

SSN: **E-SIGNATURE REQUIRED** XXX-XX-XXXX _____

Street Address

Current Address: _____
Street Address Line 2

City _____ State _____ Zip Code _____ Country _____

County: _____ How long at this address? _____

Street Address

Previous Address 1: _____
Street Address Line 2

City _____ State _____ Zip Code _____ Country _____

County: _____ How long at this address? _____

Street Address

Previous Address 2: _____
Street Address Line 2

City _____ State _____ Zip Code _____ Country _____

County: _____ How long at this address? _____

Street Address

Previous Address 3: _____
Street Address Line 2

City _____ State _____ Zip Code _____ Country _____

County: _____ How long at this address? _____

Driver's License & CDL Information

CDL Holder: Select ▼ DL #: _____

DL Issued on: mm/dd/yyyy 📅 State: _____ DL expires on: mm/dd/yyyy 📅

DOB: mm/dd/yyyy 📅

CDL Endorsements: e.g., H, N, P, S, T, X

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

If Yes, when? _____

Work History

Current or Most Recent Employer

Company Name: _____

From: mm/dd/yyyy  to: mm/dd/yyyy  May we contact this employer? Select 

Street Address

Address: Street Address Line 2

City

State

Zip Code


Country

Employer Phone: _____ Supervisor's Name: _____

Position: _____ Reason for leaving: _____

Second Prior Employer

Company Name: _____

From: mm/dd/yyyy  to: mm/dd/yyyy  May we contact this employer? Select 

Street Address

Address: Street Address Line 2

City

State

Zip Code


Country

Employer Phone: _____ Supervisor's Name: _____

Position: _____ Reason for leaving: _____

Third Prior Employer

Company Name: _____

From: mm/dd/yyyy  to: mm/dd/yyyy  May we contact this employer? Select 

Street Address

Address: Street Address Line 2

City

State

Zip Code



Country

Employer Phone: _____ Supervisor's Name: _____

Position: _____ Reason for leaving: _____

Fourth Prior Employer

Company Name: _____

From: mm/dd/yyyy  to: mm/dd/yyyy  May we contact this employer? Select 

Street Address

Address: Street Address Line 2

City

State

Zip Code

Country

Employer Phone: _____ Supervisor's Name: _____

Position: _____ Reason for leaving: _____

Authorization and Agreement

Printed Name: _____

Street Address

Address: Street Address Line 2

City

State

Zip Code

Country

E-Signature: **E-SIGNATURE REQUIRED** Signed Date: 09 / 11 / 2025 

Driver Authorization to Release Records

Consumer Report Disclosure and Release

In connection with your employment or application for employment with SH Logistics, LLC dba SH Transport, consumer reports may be requested from USIS Commercial Services (USIS). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the source of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800)381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVEMENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART 1.

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(S). If hired or contracted, this authorization, for reports covered by this release only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State Of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail, The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

E-Signature: **E-SIGNATURE REQUIRED**


Drug & Alcohol Misuse Policy

This Drug Abuse/Alcohol Misuse Policy statement is committed to providing a safe work environment and fostering the health and wellbeing of its employees. That commitment is jeopardized when any employee misuses alcohol or uses illegal drugs. Therefore, the following alcohol misuse/ drug abuse policy applies to all personnel employed by, both DOT regulated and non-DOT. It is a company policy, not a DOT policy. All employees must read and acknowledge this policy as a condition of employment with this company.

1. It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs. It is a violation also, for any employee to report to work under the influence of drugs or while having illegal drugs present in any of his/her body fluids.
2. It is also a violation of this policy for any employee to report to work under the influence of prescription drugs that have been used illegally, or in an amount or manner other than prescribed by a physician.
3. All prescription drugs that have been legally prescribed, but which might have an effect on job performance or safety are to be reported to a supervisor. The employee may be reassigned to other duties or taken off duty for the duration of the prescription as determined necessary by the employer. Legally prescribed medication which the employees physician has advised will not affect performance are excluded from this policy.
4. It is a violation of policy to report to duty or to remain on duty at any time under the influence of alcohol (with an alcohol content of .02 or greater). Also, employees are not permitted to consume or possess alcohol on their persons, or in their vehicles, while they are on company property or during work hours.
5. All job applicants at this company will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a positive test will be denied employment. This company will not discriminate against applicants for employment because of a past history of drug abuse.
6. Therefore, individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of no less than six months if they have completed a treatment program, but they must present themselves drug free.
7. This company has adopted testing procedures to identify individuals using illegal drugs on or off the job who come to work under the influence of alcohol. It shall be a condition of employment for all employees to submit to drug testing and/ or breath alcohol testing under the following circumstances:
 - a. When the employer has reasonable suspicion to believe that an employee is under the influence of drug or alcohol.
 - b. When employees are injured or when damaged to company property occurs. Also when any on-the-job accident occurs.
 - c. As a part of a follow –up program to treatment for drug abuse.
 - d. When randomly chosen from a pool of employees.
8. Refusal to submit to testing when requested by the company, adulterating or attempting to adulterate specimens, failing to provide as specimen without explanation from a physician, refusing to sign chain of custody forms, substituting or diluting specimens, or otherwise failing to co-operate with the testing procedures will have exactly the same consequences as a positive test.
9. The costs of Reasonable Suspicion, Pre-employment, and random tests will be borne by the company. The employee will be responsible to have a secondary specimen tested, the "split specimen", s/he is responsible for all lab costs. However, if the results on the second test are different from the first, the employee will reimburse these costs to the employee.
10. Employees having reasonable suspicion and post-accident test performed must arrange to be driven to and from the collection site (or to have collection personnel come to them). Any employee with positive breath alcohol test agrees to arrange transportation from the testing site, and that s/he will not operate a vehicle until his/her breath alcohol content is lower than .02, or 24 hours have elapsed. Any employee with a positive breath alcohol content may be removed from duty and will be subject to disciplinary action.
11. Any employee disciplined for drug use or alcohol misuse must have a subsequent negative test before returning to duty. Violation of this policy will result in disciplinary action, up to and including termination. Any employee disciplined for a drug or alcohol-related occurrence will be strongly urged to seek medical help. However, the employee may be considered for employment in the future if treatment is completed and s/he presents themselves drug-free. As a condition of employment, employees must abide by the terms of this policy and must notify their supervisors in writing of any conviction of a violation of a criminal drug statute occurring in the workplaces no later than 5 calendar days after such conviction.
12. Adherence to this policy does not guarantee continued or future employment with this company. Employment may be terminated for reasons other than failure to follow this policy.
13. The company reserves the right to amend, interpret, or modify this basic policy as necessary to accomplish our company goals as defined above.

I have read and acknowledged the above policy.

Printed Name: _____

Signed Date: 09/11/2025 

E-Signature: E-SIGNATURE REQUIRED

Important Disclosure Regarding Background Reports from the PSP Online Service

In connection with your application for employment with SH Logistics, LLC dba SH TRANSPORT ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

Authorization

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize SH Logistics, LLC dba SH TRANSPORT ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.


I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

Name: _____

Signed Date: 09/11/2025 

E-Signature: **E-SIGNATURE REQUIRED**

Required Document Uploads

Please attach copies of the following documents:

- Copy of Driver's License
- Copy of Social Security Card
- Copy of Medical Card (if applicable)
- Copy of Driving Record

Note: When submitting electronically, scan or photograph these documents clearly and attach them to your application email.