

SIMON BROTHERS, LLC.

1120 N EDGEWOOD DR.
FOWLER, MI 48835
989-593-2377

Driver's Employment Application

Date of Application: _____

Position(s) Applied for: _____

We appreciate your interests in Simon Brothers, LLC. And assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in evaluation your qualifications. Simon Brothers, LLC. Is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by applicable law.

Applicant's Information

Name: _____ Social Security No.: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street City
State Zip Code Phone: _____ How Long? _____
yr./mo.

Previous Addresses

Street	City	State & Zip Code	How Long? _____ yr./mo
Street	City	State & Zip Code	How Long? _____ yr./mo
Street	City	State & Zip Code	How Long? _____ yr./mo

Do you have legal authority to work in the United States? _____

Date of Birth _____/_____/_____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Dates: From _____ To _____ Position _____

Reason for leaving: _____

Who referred you? _____ Rate of pay expected: _____

Can you preform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]?

Yes _____ No _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	REASON FOR LEAVING	
CONTACT PERSON			
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES ___ NO ___			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON			
PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES ___ NO ___			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON			
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EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
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CONTACT PERSON			
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WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES ___ NO ___			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___			

* 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident History

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	HAZARDOUS MATERIAL SPILL
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

(ATTACH SHEET IF MORE SPACE IS NEEDED)
EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
Driver licenses or permits held in the past 3 years					

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, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM (M/Y)	TO (WY)	
STRAIGHT TRUCK	YES	NO	(VAN, TANK, FLAT, DUMP REFER)			
TRACTOR AND SEMI-TRAILER	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS	YES	NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <small>More than 8 passengers</small>	YES	NO				
MOTORCOACH - SCHOOL BUS <small>More than 15 passengers</small>	YES	NO				
OTHER	YES	NO				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS you CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 2 3 4
LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

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: _____

BACKGROUND CHECK AUTHORIZATION

I authorize the office of Simon Brothers, LLC to investigate any of the information contained in my application for employment. I understand any information found during the investigation of the information in this application will be used only to evaluate my qualifications for work. I waive any rights which I may have to receive written notice from any employer, institution or reference listed on this application that provides this information to notify me when the requested information is released. I specifically release from liability any current or former employer, its agents, representatives, employees, officers, or directors for giving such information to Simon Brothers, LLC.

I further understand that a criminal conviction will not automatically disqualify me from employment; however, I understand and agree that Simon Brother, LLC is authorized to conduct a criminal background check on me. Specifically, pursuant to the federal Fair Credit Reporting Act, I hereby authorize Simon Brothers, LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Simon Brothers, LLC or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I further authorize all prior and current employers to disclose any and all information Simon Brothers, LLC believes is pertinent to my application for employment, including copies of all documents in my personnel record relating to my employment.

I authorize all prior and current employers to disclose any and all information Simon Brothers, LLC, believes is pertinent to my application for employment, including copies of all documents in my personnel record relating to my employment.

To the extent permitted by law, I release and hold harmless Simon Brothers, LLC, all prior and current employees, and related organizations' agents and employees from any civil or criminal liability for providing such information. I waive any rights I may have under the Bullard-Plawecki Employee Right-to- Know Act to written notification from all prior and current employers regarding the release of the information described above.

I understand Simon Brothers LLC, will not hire me if I refuse to sign this Authorization. I further understand that Simon Brothers, LLC, may require me to provide additional information not described in this Authorization.

I understand that after receiving a conditional job offer, I may be required to successfully complete a medical examination including drug testing. I further agree, if hired, to submit to any future medical examinations (including drug and alcohol testing) that are justified by business necessity as required by Simon Brothers, LLC.

I understand I will be required to produce at the time of hire Employment Eligibility documents in compliance with the Immigration Reform and Control Act of 1986.

I understand that in accordance with applicable local, state and federal law, Simon Brothers, LLC offers equal opportunity employment to all individuals and does not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, handicap, disability, veteran status, height or weight or any other protected characteristic.

If hired, I agree to comply with the applicable rules and regulations of the office of Simon Brothers, LLC.

I understand and agree that if hired, my employment and compensation are for no definite period and may be terminated at any time by me or Simon Brothers, LLC with or without cause, and without any previous notice. I also understand and agree that Simon Brothers, LLC has the right to unilaterally modify and/or terminate any policies, practices, or procedures that it has adopted or implemented, to the extent not limited by law. I understand that if hired, my employment is at-will and that my employment can be terminated for any reason with or without cause and with or without notice. I further understand that any prior representations, promises, contracts, or statements made by or on behalf of Simon Brothers, LLC are expressly superseded by the foregoing and no employee or representative of the office of Simon Brothers, LLC has the authority to make any representations or agreements to the contrary, unless that agreement is in writing and signed by Simon Brothers, LLC.

I hereby certify that I have read the terms of this Employment Agreement, I understand them, and I hereby agree to these terms.

Signature: _____

Date _____

Please read the following statement carefully before signing to indicate your understanding:

I understand that I may be requested to take a job-related test as part of the hiring process. In the event that I have a disability that will affect my ability to take the test, I will inform Simon Brothers, LLC of that prior to the administration of the test so that a reasonable accommodation can be made. Simon Brothers, LLC reserves the right to require medical documentation regarding the need for accommodation. I also agree that I may be subject to drug/alcohol testing prior to and during employment and will cooperate with such testing. In authorizing the release of my test results, I consent and agree to waive any physician patient privilege that may otherwise exist with respect to the confidentiality of my drug and alcohol results. I further release the Company and its medical review officer, and any officer, employee or agent of the Company or medical review officer whose disclosure of such test results to the person or persons identified on this form. I may be requested to take a post-offer medical examination and understand that my employment may be conditioned on my ability to perform the essential functions of the position, with or without reasonable accommodation.

I understand and authorize a background check to be performed as part of the hiring process.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted information on this application may result in termination of the hiring process or employment relationship.

I understand and agree that, if hired, my employment status is at-will. Therefore, my employment is for no definite period; and may, regardless of the date of payment of my wages, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, and I waive any requirement that the reference and former employer provide me with written or verbal notice of their response to your inquiry.

I understand that the rules, regulations, and policies of Simon Brothers, LLC are subject to change and that previous customs, work practices, and policies are also subject to change. I understand that no manager or representative of Simon Brothers, LLC has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

For applicants in Michigan or applicants for positions in Michigan, I understand and agree that any employment-related claim, complaint, action or suit relating to my employment with Simon Brothers, LLC, including but not limited to, claims of employment discrimination under State Civil Rights statutes, must be commenced (i) not more than one hundred and eighty-two (182) calendar days after the event giving rise to the claim, complaint, action, or suit; or (ii) not later than the applicable limitations period established by statute, whichever is less.

Date: _____

Signature: _____

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

Simon Brothers, LLC

I hereby authorize you to release the following information to _____

(Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Driver's Signature)

(Date)

I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

TO: Lenz Balder Insurance Agency

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

Simon Brothers, LLC

(Name of Company)

1120 N Edgewood Dr

(Address)

Fowler

(City)

Michigan

(State)

(Typed Name)

(Title)

(Signature)