

# SIMON BROTHERS, LLC.

1120 N Edgewood Dr  
Fowler, MI 48835  
989-593-2377

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

# 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)

# **SOCIAL SECURITY NUMBER PRIVACY POLICY**

- 1. Simon Brothers, LLC. will take all necessary measures to protect and hold in confidence employees' and potential employees' social security numbers.**
- 2. These numbers will not be unlawfully disclosed to any entity that does not have a legal interest in them.**
- 3. Access to these numbers will strictly be limited to organizations such as pay-roll services, court documents or other legally binding agencies that requires them in the normal conduct of business.**
- 4. Any company held information containing employee social security numbers will be shredded prior to disposal when said documents are no longer needed to be retained by the company.**
- 5. Social security numbers will not be displayed in public view, nor will they be sent to an individual or organization if they are visible on, or, without manipulation, from outside of the envelope or packaging.**
- 6. Any questions or concerns about this policy can be addressed to the Office Manager.**

**I have read and understand this policy.**

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**Signature**

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**Date**

# FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Sections 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sanctions 382.413, 391.23, 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

## BACK GROUND 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: \_\_\_\_\_

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**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_