



Simon's Trucking, Inc

920 Simon Dr

PO Box 8

Farley, IA 52046

Phone: 563-744-3304

Fax: 563-744-3726

DRIVER'S APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS, DO NOT LEAVE ANY BLANKS! Any blanks will be considered an incomplete application and cannot be considered for employment.)

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability, or any other protected group status.

Date of Application: _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years

Current Address _____
Street City State Zip

Phone # _____ How Long? _____

Previous Address _____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

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

IN CASE OF EMERGENCY, CONTACT: _____ PHONE: _____

Date of Birth ____/____/____
(Required for Commercial Drivers)

WORK HISTORY

In Accordance with the FMCSR Section 383.35: The following employment history information for the 10 years preceding the date the application is submitted shall be presented to the prospective employer by the applicant: (1) A list of the names and addresses of the applicant's previous employers for which the applicant was an operator of a commercial motor vehicle; (2) The dates the applicant was employed by these employers; and (3) The reason for leaving such employment. The applicant shall certify that all information furnished is true and complete.

EMPLOYER: _____ **CONTACT:** _____ **PHONE:** _____

Date: From: ___/___/___ Street Address: _____

To: ___/___/___ City/State/Zip: _____

Salary: _____ Position Held: _____

Reason for Leaving: _____

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 requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ **CONTACT:** _____ **PHONE:** _____

Date: From: ___/___/___ Street Address: _____

To: ___/___/___ City/State/Zip: _____

Salary: _____ Position Held: _____

Reason for Leaving: _____

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 requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ **CONTACT:** _____ **PHONE:** _____

Date: From: ___/___/___ Street Address: _____

To: ___/___/___ City/State/Zip: _____

Salary: _____ Position Held: _____

Reason for Leaving: _____

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 requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ **CONTACT:** _____ **PHONE:** _____

Date: From: ___/___/___ Street Address: _____

To: ___/___/___ City/State/Zip: _____

Salary: _____ Position Held: _____

Reason for Leaving: _____

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 requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ **CONTACT:** _____ **PHONE:** _____

Date: From: ___/___/___ Street Address: _____

To: ___/___/___ City/State/Zip: _____

Salary: _____ Position Held: _____

Reason for Leaving: _____

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 requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ **CONTACT:** _____ **PHONE:** _____

Date: From: ___/___/___ Street Address: _____

To: ___/___/___ City/State/Zip: _____

Salary: _____ Position Held: _____

Reason for Leaving: _____

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 requirement of 49 CFR Part 40? Yes ___ No ___

Driving Qualifications and Experience

LICENSES HELD:

State: _____ License #: _____ Type: _____ Expiration Date: _____

State: _____ License #: _____ Type: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE:

Equipment Class	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles (approx.)
Tractor & Semi-Trailer	_____	_____	_____
Tractor w/ Two Trailers	_____	_____	_____
Straight Truck	_____	_____	_____

In what states have you operated – past 3 years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where?

Why? (please explain) _____

ACCIDENTS and VIOLATIONS

ACCIDENTS PAST 3 YEARS (list most recent first – attach additional sheet if necessary)

Date: _____ Nature of Accident: _____
Fatalities/Injuries: _____ Hazmat Spill: _____

Date: _____ Nature of Accident: _____
Fatalities/Injuries: _____ Hazmat Spill: _____

Date: _____ Nature of Accident: _____
Fatalities/Injuries: _____ Hazmat Spill: _____

TRAFFIC CONVICTIONS PAST 3 YEARS (not parking violations)

Date: _____ Where? _____ Violations? _____ Penalty: _____

Date: _____ Where? _____ Violations? _____ Penalty: _____

Date: _____ Where? _____ Violations? _____ Penalty: _____

Have you ever failed or refused a pre-employment Drug/Alcohol Test given by a company where you never accepted employment? YES ___ NO ___ (If yes, please provide documentation of your successful completion of a return-to-duty process.)

Have you worked for this company before? _____ Where? _____

Dates: From ___/___/___ to ___/___/___ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? YES ___ NO ___ If yes, please explain: _____

Do you have any Felonies? YES ___ NO ___ If yes, please explain _____

Is there any reason you cannot qualify for a HAZMAT endorsement? Yes ___ No ___
If yes, please explain: _____

EDUCATION and TRAINING

What was the highest grade you completed? _____ Where? _____

What special training have you received that will benefit you in this job? _____

Please name three references and give their current address and phone number:

Name City State/Zip Phone Number

Name City State/Zip Phone Number

Name City State/Zip Phone Number

Please turn to last page, read, sign and date.

To be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that 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 to 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.

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

Signature: _____ Date: _____

Authorization For Driving Record Check

By signing below I authorize you to release the information requested to Simon's Trucking, Inc.
as dictated by the Federal Motor Carrier Safety Regulations. I hereby release you from any liability which might be the result of
providing this information.

X
Driver's Signature

X
Date

- I. By signing below, I certify that the information requested is to be used for a "permissible purpose", as defined by provisions of the Fair Credit Reporting Act, Sections 604 and 607.
- II. I also certify that should the individual be named hereafter be denied employment as a result of information received through this request, the source of the information will be identified in compliance with Section 615(a) of the Act.

Signature
Representative of: Simon's Trucking, Inc

Date

This information is requested from the following reporting agency:

To Whom It May Concern:

The person named below has sought employment with this company as Truck Driver
In accordance with the Federal Department of Transportation Regulations, Part 391, please provide the applicant's driving record for
the past three years. ☆ Fill This Information Out ☆

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Social Security Number: _____ D.O.B.: _____

Company Requesting Information

Simon's Trucking, Inc
Name of Company

Randy Sandhagen
Name of Company Representative

Signature of Representative

Safety/Recruiting Manager
Title

SIMON'S TRUCKING, INC.

DISCLOSURE AND RELEASE

in connection with your employment or application for employment (including contract for services) through Simon's Trucking, Inc. consumer reports (Investigative Consumer Reports in California) may be requested from HireRight (formerly USIS Commercial Services). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and dru/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 that maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

We also will obtain driving/accident and safety inspection history records maintained by the Federal Motor Carrier Safety Administration ("FMCSA")

You have the right to make a request to HireRight, 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 explaining of any coded information, the sources of information and the recipients of any reports on you that HireRight has previously furnished within the past two year period preceding your request (3 years in California). HireRight may be contacted by mail at P.O. Box 33181, Tulsa, OK 74153 or by telephone at 800-381-0645. You may also bring a third party with you to view the information at HireRight offices if this person provides proper identification, Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT, FMCSA AND ANY OTHER PARTY OR AGENCY CONTACTED BY HIRERIGHT TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION CONTAINED UNDER PART I.

I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains in 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 HireRight to other companies which subscribe to HireRight. I hereby authorize procurement of consumer reports as set forth above.

If hired or contracted, this authorization for reports covered by this release only shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

I consent to you obtaining the above information from FMCSA. I understand that FMCSA maintains sole control over that data and you cannot change or alter such information. If I dispute any information maintained by FMCSA, I must personally contact the FMCSA by accessing the DataQs

Employer/ Contractor / Educational Institution: _____

Printed Name: _____

Social Security #: _____

Signed Date: _____

SIMON'S TRUCKING, INC.

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

1. In connection with your application for employment with Simon's Trucking, Inc. ("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. 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 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 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Simon's Trucking, Inc. 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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

Printed Name: _____

Signed Date: _____

Social Security #: _____

Signed: _____

Request/Consent for Information from Previous Employer(s) /Carrier(s) For Alcohol and Controlled Substances Testing
Records
And changes in Parts 390 and 391 of the FMCSA

X _____ X _____
Date Social Security Number

X _____ X _____
Printed Name (First, MI, Last) Signature

I, the above mentioned signer, hereby authorize: _____

to release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to SIMON'S TRUCKING, INC.

DISCLOSURE AND RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to Simon's Trucking, Inc, or to HireRight for the sole purpose of transmitting such records to Simon's Trucking, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation (s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation. I also authorize the carriers (company/school) listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

The information that I have authorized Simon's Trucking, Inc. or HireRight to review involves tests required by DOT. If any carrier (company/school) listed above furnishes Simon's Trucking, Inc or HireRight with information concerning items (i) through (vi) above. I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ hereby authorize: _____
Social Security Number _____
Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To: _____
Prospective Employer: Simon's Trucking, Inc
Attention: Randy Sandhagen Telephone: 563-744-3304
Street: 920 Simon Drive, PO BOX 8
City, State, Zip: Farley, IA 52046

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 563-744-3726
Prospective employer's confidential email address: rsandhagen@simonstrucking.com

X _____ X _____
Applicant's Signature Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____
Title: _____ Date: _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: Randy Sandhagen Date: _____

SECTION 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form