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Truck Driver Employment Application

Applicant's Information

Date of Application: _____ Phone: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Email Address: _____ License No.: _____

Please list your address(es) of residency over the last three (3) years:

Current Address:

Street _____ City _____ State _____ Zip Code _____

How long have you stayed at this residence? _____

Previous Address:

Street _____ City _____ State _____ Zip Code _____

How long have you stayed at this residence? _____

Do you have legal authority to work in the United States? (Y or N) _____

Can job functions be performed with reasonable accommodation? (Y or N) _____

Have you worked for this company before? (Y or N) _____

If yes, please list dates of employment, ending position, and the reason for previously leaving.

Start Date: _____ End Date: _____ Ending position: _____

Reason for leaving:

Referral (if applicable) _____

Anticipated Rate of Pay: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. Applicants to drive a commercial motor vehicle¹ in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

Employer Name:	Start Date:	End Date:
Address:	City:	State/Zip:
Position Held:		
Contact person:	Phone Number:	
Reason for leaving:		
Were you subjected to the FMCSR's while employed? (Y or N)		
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? (Y or N)		

Employer Name:	Start Date:	End Date:
Address:	City:	State/Zip:
Position Held:		
Contact person:	Phone Number:	
Reason for leaving:		
Were you subjected to the FMCSR's while employed? (Y or N)		
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? (Y or N)		

Employer Name:	Start Date:	End Date:
Address:	City:	State/Zip:
Position Held:		
Contact person:	Phone Number:	
Reason for leaving:		
Were you subjected to the FMCSR's while employed? (Y or N)		
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? (Y or N)		

¹ 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 the past three years. If none, write none.

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities?	Injuries?	Haz-Mat Spill?

Traffic convictions and forfeitures for the past three (other than parking violations). If none, write none.

Location	Date	Charge	Penalty

Driving Experience

CLASS OF EQUIPMENT (Y or N)	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP REFER)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (WY)	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Tractor – Three Trailers				
Motorcoach – School Bus (more than 8 passengers)				
Motorcoach – School Bus (more than 15 passengers)				
Other				

States operated in for last five years: _____

Special Courses or Training: _____

Safe Driving Awards (and who issued them): _____

Experience and Qualifications

Driver licenses or permits held in the past three years.

State	License No.	Class	Endorsement(s)	Expiration Date

Other Experiences and Qualifications

Any Trucking, Transportation or other Experience that may help in your work for this company: _____

Courses and Training other than shown elsewhere in this application: _____

Special equipment or technical materials you can work with: _____

Education

Highest grade completed: _____ Years of College completed (if applicable): _____

Last School Attended: _____ City: _____ State: _____

Applicant Authorization

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: _____

We appreciate your interest 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 evaluating 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.

