

Simplex Leasing, Inc.

8060 36th Street Southeast Jamestown, ND 58401 Telephone (800) 252-6451 FAX (701) 252-1553

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and of Simplex Leasing, Inc.

Applicant	_____	Telephone Number	_____
	(First Name) (MI) (Last Name)		
Address	_____		
	(Street) (City) (State) (Zip Code)		
Previous Address	_____		
	(Street) (City) (State) (Zip Code)		
Social Security Number	_____	Date of Birth	_____
			(Driver Applicants Must Provide DOB)
Drivers License Number	_____	State	_____
		Expiration Date	_____
Who Referred You?	_____	Rate of Pay Expected	_____

Truck Driver Job Description and Physical Requirements

Read the following, then sign in the appropriate area below.

A truck driver may be required to operate his/her vehicle for up to 14 days under all types weather, traffic, and highway conditions. A truck driver may be subjected to bouncing and jarring due to the "ride" of the truck. The bouncing and jarring may create stress and compression on the spinal column and back muscles of the driver.

A secondary requirement of truck driving is the requirement of loading/unloading freight. This may require the driver to perform heavy lifting and carrying. Truck loads of 45,000 to 47,000 pounds are routinely made up of smaller packages which weigh as little as 5 to 10 pounds, or as much as 90 to 100 pounds each. Such loads require stooping, bending, and lifting by the driver.

Dropping a trailer requires upper body strength to crank the trailer dollies down to lift the trailer off of the fifth wheel plate. Upper body strength is also required of flatbed truck drivers for chaining and tarping loads.

Sufficient agility is required for the driver to climb onto loading docks and into/onto the trailer. The driver is also required to crawl under the vehicle to perform a thorough pre-trip inspection.

A driver must be able to meet the minimum physical requirements prescribed by law as stated in the Federal Motor Carrier Safety Regulations.

I feel I can successfully perform the tasks described above.

Signature _____ Date _____

With certain, reasonable accommodations, such as

I can successfully perform the tasks described above.

Signature _____ Date _____

Instructions to Applicant :

Please answer all questions. If the answer to any question is "Yes", "No", or "None", do not leave the item blank. Write "Yes", "No" or "None".

Employment History Give a complete record of all employment for the past three years, including any un-employment or self employment, and all commercial driving experience for the past ten years.

Mth/Yr From _____ Mth/Yr To _____ Present or Last Employer: Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSR* while employed here? _____ 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

Mth/Yr From _____ Mth/Yr To _____ Present or Last Employer: Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

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**The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR of, or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

General

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Name of last school attended _____

Address _____ City _____ State _____

Have you ever been bonded? _____ Name of bonding Company _____

Have you ever been convicted of a felony? _____ Explain _____
 (A "yes" answer will not necessarily disqualify a person.)

Have you ever worked for Simplex Leasing, Inc. before? If yes, give dates _____

Date of last DOT physical _____

Driver Experience And Qualifications

	State	License Number	Type	Expiration Date
Driver				
Licenses				

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, attach a statement giving details.

Driving Experience

Straight Truck			
Tractor and semi-trailer			
Tractor—Two Trailers			
Other			

List states operated in for last 5 years _____

Show special courses or training that will help you as a driver _____

Which Safe Driving awards do you hold, and from whom? _____

Accident Record (Attach sheet if more space is needed)

	Date	Nature of Accident	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions And Forfeitures For The Past 3 Years (other than parking violations)

Location	Date	Charge	Penalty

AUTHORIZATIONS TO RELEASE INFORMATION

Federal Department of Transportation Regulations require motor carriers to obtain information about a driver applicant's background. The information Simplex Leasing, Inc. is required to obtain includes a verification of your employment dates, information about any accidents or citations you may have had and drug and/or alcohol test results.

The purpose of this release is to permit your previous employer(s) to release information about you to Simplex Leasing, Inc. The release also allows us to obtain a motor vehicle record from the state which has issued your drivers license. And finally, the release allows us to obtain a record of your physical qualification.

If you are interested in employment with Simplex Leasing, Inc., please complete the application and sign the release statement below and return it to us.

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

It is agreed and understood: Simplex Leasing, Inc. and/or its agents may investigate my background and may contact prior employers for information required by the Federal Motor Carrier Safety Regulations. Any misrepresentation of information provided by me shall be considered an act of dishonesty and the application process may be terminated as a result. At the time an employment agreement is terminated between Simplex Leasing, Inc. and an employee, any monies or liabilities incurred by the employee become due immediately and in full to the company. I hereby release previous employers or other persons from all liability and/or damages in furnishing requested information about me.

I hereby authorize the release of all information regarding my previous employment, my physical qualifications to operate a commercial vehicle, and my motor vehicle driving record. This release permits both oral and written information to be released to Simplex Leasing, Inc. I further release the providers of such information from any and all liability as a result of providing said information.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Witnessed By (Signature) _____

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