

Jones Bros Trucking

Driver's Application for Employment

P.O. Box 4414

Phone: (406) 721-0897 Ext-222 * (800) 877-1075

Missoula, MT 59806

Fax: (406) 721-0687

Email: paula@jonesbrotherstrucking.com

In compliance with federal and state equal employment laws, qualified applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Marital Status, or Non-Related Disability.

Date of Application _____

Full Name _____ SS # _____

Complete Current Address

City _____ State _____ Zip _____ Phone _____

Addresses for the past 3 years and how long resided

Do you have a legal right to work in the U.S? _____ Rate of pay agreed upon? _____

Are you currently employed? _____ If not, how long have you been unemployed? _____

Position applied for _____ Who referred you? _____

Date of Birth _____ / _____ / _____ **We operate in all 48 states – 3 weeks out-time**

When are you available for work _____

EMERGENCY INFORMATION

In case of an emergency we should contact?

Name _____ Relationship _____

Phone Number _____ City/State _____

Are there any combinations of vehicles you will not operate? _____

Can you travel outside of the United States? (Yes) (No) If for any reason you cannot travel to Canada please discuss this with the company recruiter.

DRIVER JOB DESCRIPTION

<p>Operate 7 days of the week Drive up to 11 hours a day Travel US & Canada Lift up to 100 lbs to waist Be able to climb up and down on Trailer Must pass a DOT physical Must pass DOT drug/alcohol test Have no DUI's in past 3 years</p>	<p>Have basic reading/writing skills Professional attitude/appearance Must comply with DOT regulations Tarp/un-tarp loads Have a valid class A CDL List driving record for past 5 years Possess no serious violations Have no drug related violations</p>
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Is there any reason you might not be able to perform the functions of the job for which you have applied, from the items listed above? List any accommodations if needed.

EMPLOYMENT HISTORY
PLEASE NOTICE

All applicants desiring to operate in interstate commerce must provide the following information on all employers during the past or preceding 3 years. **Not to disclose all employment for any reason is a direct violation of 391 of the Federal Motor Carrier Safety Regulations (FMCSR).** Applicants driving a commercial motor vehicle in interstate or intrastate commerce shall also provide employment for an additional 7 years. Example: If you have driven for the past 15 years, you must list each employer for the past 10 years. Do the best you can.

From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason Left _____ Phone # _____

May we contact your current employer? Yes ___ No ___
 Were you subject to the FMCSRs* 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 ___

From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason Left _____ Phone # _____

Were you subject to the FMCSRs* 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 ___

From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason Left _____ Phone # _____

Were you subject to the FMCSRs* 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 ___

From _____ To _____ Name _____
Position Held _____ Address _____
Reason Left _____ Phone # _____
Were you subject to the FMCSRs* 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___

From _____ To _____ Name _____
Position Held _____ Address _____
Reason Left _____ Phone # _____
Were you subject to the FMCSRs* 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___

From _____ To _____ Name _____
Position Held _____ Address _____
Reason Left _____ Phone # _____
Were you subject to the FMCSRs* 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___

From _____ To _____ Name _____
Position Held _____ Address _____
Reason Left _____ Phone # _____
Were you subject to the FMCSRs* 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___

From _____ To _____ Name _____
Position Held _____ Address _____
Reason Left _____ Phone # _____
Were you subject to the FMCSRs* 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___

From _____ To _____ Name _____
Position Held _____ Address _____
Reason Left _____ Phone # _____
Were you subject to the FMCSRs* 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___

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 Position Held _____ Address _____
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 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 ___

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 Position Held _____ Address _____
 Reason Left _____ Phone # _____
 Were you subject to the FMCSRs* 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 ___

**The Federal Motor Carrier Safety Regulations (FMCSR's) 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 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.*

Information as listed on your current driver's license:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Date of Birth _____ License No. _____ Expires _____

DRIVERS LICENSE INFORMATION FOR THE LAST 3 YEARS

List Current license first

State	License #	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes/No

Has any license, permit, or privilege ever been suspended or revoked? Yes/No

Have you ever been convicted of a felony? Yes/No

If you answered yes to any of the above please explain:

DRIVING EXPERIENCE & TYPE OF EQUIPMENT OPERATED

Class of Equipment	Type of Equipment	Date from	Date To	Approximate Number of Miles
Straight Truck				
Tractor/Trailer				
Doubles				
Other				

List number of states traveled _____

ACCIDENT RECORD LAST 3 YEARS

DATES	NATURE OF ACCIDENT	FATALITIE S?	INJURIES?

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12---COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED

(NAME/CITY/STATE) _____

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 _____

TO BE READ AND SIGNED BY APPLICANT

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

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, healthcare 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 and Federal laws.

Employment begins after satisfactorily completing Jones Brothers Trucking orientation/training.

Applicants Signature _____ Date _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services with you), I understand that consumer reports, which may contain public record information, may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following type of information: Name and dates of previous employer, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers compensation claims, criminal records, and other records, etc., from federal, state and other agencies which maintain such records: as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and recipients of any reports on me, which DAC has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from DAC and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

APPLICANTS NAME - PRINTED

SOCIAL SECURITY NUMBER

APPLICANTS SIGNATURE

DATE

REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY & DRUG AND ALCOHOL TESTING INFORMATION

**Jones Brothers Trucking—7145 Hwy 10 W—Missoula, Mt 59808
406-721-0897 Ext-222 * 800-877-1075 * Fax 406-721-0687**

I _____, hereby authorize all previous companies to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and /or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with any application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Driver Signature: _____ **Date:** _____
DRIVER IS TO SIGN AND DATE ONLY * DO NOT WRITE BELOW THIS LINE

Previous Employer: _____ Contact: _____
City, State, and Zip: _____
Phone Number: _____ Fax Number: _____
Employees Function _____ Dates of Employment: _____ to _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Name: _____ SS# _____
Dates of employment: _____ To _____ Drivers/Employee's Function: _____
If driver, describe vehicles driven: flatbed, dry-van, hopper, end-dump, lowboy, tanker, Bulk, livestock, belly-dump, doubles, straight truck, refer, car/pickup, other: _____ If driver, area of operation: Local, 48 states, regional, other: _____ Was Employee Full/Part Time? _____
Was Employee's work performance: Poor, Good, Above Average, or Excellent? _____
Did Employee follow Company Policy? Yes/No If not please explain: _____

Reason for leaving: _____ Eligible for Rehire? Yes/No _____
Convicted of any Traffic violations: Yes/No _____ License Suspended, revoked, or denied: Yes/No _____

Accident/Claim History

Date	Nature of Accident	Fatalities/Injuries	Preventable/Non-Preventable	DOT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Comments: _____

DRUG/ALCOHOL INFORMATION

Drug and Alcohol information required by FMCSR Part 391.23/40.25

Has the above driver had a .04 or more alcohol test, verified positive drug test, refusals to be tested, or any other drug and alcohol violations? Please explain: _____

If this driver successfully completed a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for the above listed infractions? Yes/No Explain: _____

If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.

Previous Employer Representative Supplying Information, please sign below:

Signature: _____ Title: _____
Print Name: _____ Date: _____

ESSENTIAL JOB FUNCTIONS WORKSHEET

COMMERCIAL TRUCK DRIVER – CLASS A

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company –designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical - disability.

These statements/questions pertain only to the essential functions of the job for which you are applying.

1. Can you sit and drive as required for an 11-hour shift?
 YES NO
2. Can you perform repetitive motion tasks with your hands and wrists?
 YES NO
3. Can you push and pull levers or objects that require 100 lbs of force or more?
 YES NO
4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?
 YES NO
5. If required, are you able to reach and lift 60 lbs. above your head?
 YES NO
6. Can you climb stairs and/or a ladder to safely get in and out of a truck, or to climb up and down from a load or trailer regularly.
 YES NO
7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?
 YES NO
8. If required, are you able to lift and move 100 lbs or more?
 YES NO

If you answered NO to any of the above questions, please explain below:

I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is grounds for withdrawal of the conditional job offer, or termination of employment if already employed.

Signature of Employee

Date

Printed Name

Social Security Number

Thank you for considering Jones Brothers Trucking!
Please call us with any questions

Pay and Benefits

\$500 New Driver Orientation and Training Bonus

- To drivers with 1 year of experience
- Paid after 90 days of continuous employment
- Bonus may be advanced to driver upon 1st dispatch

Pay Per Mile

- Up to 37 cents per mile
- Regular raises
- Paid practical route miles
- 4 cents per mile additional pay for Over Dimensional loads
- Weekly pay

Tarp Pay

- \$25.00

Additional Pay

- \$15.00 per additional pick & drop
- \$50.00 extra pay for going into Canada

Per Diem

- 8.5 cents - per diem is a reimbursement on which the driver *does not pay taxes*, therefore increasing net pay

Health Insurance

- Full premium is paid by Jones Bros for the employee. We pay 40% of premium for spouse/dependent coverage
- Blue Cross/Blue Shield
- \$1,000 Flex account provided by Jones Bros. for vision, dental, prescriptions, co-pay, etc. *Tax Free*
- Up to \$1000 *additional* can be withheld from your pay *tax free* to cover medical expenses

IRA/Retirement Savings

- Company matches dollar per dollar up to 3% of pay

Flexible Home Time, Cell-phone Reimbursement, Family Rider Program, Pet Policy, 2 National Fuel Cards, Paid Vacation, Small Company Family Atmosphere