

## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Driver Name (Printed): \_\_\_\_\_

# Jones Bros Trucking

## Driver's Application for Employment

P.O. Box 4414

Phone: (406) 721-0897 Ext-233 \* (800) 877-1075

Missoula, MT 59806

Fax: (406) 721-0687

Email: [tom@jonesbrotherstrucking.com](mailto:tom@jonesbrotherstrucking.com) or [paula@jonesbrotherstrucking.com](mailto: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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### We operate in all 48 states & Canada – 3 weeks out-time

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? \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOT Physical Expiration Date \_\_\_\_\_

\* The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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? \_\_\_\_\_

Do you currently have a US Passport or US Passport Card? (Yes) (No) \_\_\_\_\_

Can you go into Canada? (Yes) (No) *If you have any DUI's that are less than 10 years old, or have ever been arrested (even if it was 30 years ago) you may not be able to enter Canada.*

**ALL DRIVERS ARE REQUIRED TO BE ABLE TO ENTER CANADA.**

**DRIVER JOB DESCRIPTION**

<p><b>Operate 7 days of the week</b>  <b>Drive up to 11 hours a day</b>  <b>Travel US &amp; Canada</b>  <b>Lift up to 100 lbs to waist</b>  <b>Be able to climb up and down on Trailer</b>  <b>Must pass a DOT physical</b>  <b>Must pass DOT drug/alcohol test</b>  <b>Have no DUI's in past 3 years</b></p>	<p><b>Have basic reading/writing skills</b>  <b>Professional attitude/appearance</b>  <b>Must comply with DOT regulations</b>  <b>Tarp/un-tarp loads</b>  <b>Have a valid class A CDL</b>  <b>List driving record for past 3 years</b>  <b>Possess no serious violations</b>  <b>Have no drug related violations</b></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.

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*\*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.*

**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), and can be cause for immediate termination.** 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. *Please answer all questions, do not leave any blanks, if your answer to a question is none, then write NONE, if something is not applicable then write N/A.*

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\_\_\_

*If more space is needed, please list additional employment and information on a separate sheet of paper and attach it to the application.*

## PERSONAL REFERENCES

List three persons for references, other than family members.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## DRIVERS LICENSE INFORMATION

Information as listed on your **current driver's license**:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ License No. \_\_\_\_\_ Expires \_\_\_\_\_

If you have a Washington Drivers License (or have had within the last 3 years), please ask for a WA MVR Request form.

### DRIVERS LICENSE INFORMATION FOR THE LAST 3 YEARS

List Current license first

State	License #	Type	Expiration Date

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

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

D. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes/No

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

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## 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 (other than parking tickets) - IF NONE, STATE - NONE

DATES	NATURE OF ACCIDENT	FATALITIE S?	INJURIES?

### TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS - IF NONE, STATE - NONE

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. If you graduated from a truck driving school, please list the school name along with the date of graduation:

\_\_\_\_\_

## **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

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

In connection with your application for employment with Jones Brothers Trucking ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Jones Brothers Trucking ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

# 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. 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
6. 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
7. If required, are you able to lift up to 100 lbs to your waist?  
 YES     NO

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

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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

Attn: \_\_\_\_\_  
Fax# \_\_\_\_\_

From: Paula / Tom - Jones Bros Trucking  
Return to Fax # 406-721-0687

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**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 233 - Paula or Tom \* Toll free 800-877-1075 \* Fax 406-721-0687

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Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

I hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness, (including results of any and all alcohol or drug tests, dates of any confirmed positive results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completed under the direction of a SAP/MRO. 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT IS TO FILL OUT BETWEEN THE LINES ONLY \* DO NOT WRITE BELOW THIS LINE**

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Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employees Function \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

**\*\*\*TO BE COMPLETED BY PREVIOUS EMPLOYER\*\*\***

Dates of employment: \_\_\_\_\_ To \_\_\_\_\_ Drivers/Employee's Function: \_\_\_\_\_

If driver, type of 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 list date(s) and 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: \_\_\_\_\_

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

**Pay and Benefits**

\$1000 New Driver Orientation and Training Bonus

- To drivers with 1 year of experience
- Paid after 90 days of continuous employment
- \$500 of bonus may be advanced to driver upon 1<sup>st</sup> dispatch
- \$500 bonus paid to Driving School Graduates after 90 days - may be advanced upon 1st dispatch

Pay Per Mile

- Up to 37 cents per mile
- Attainable Fuel Bonus
- Paid practical route miles
- Additional pay for Over Dimensional loads
- Weekly pay

Tarp Pay

- \$50.00

Additional Pay

- \$25.00 per additional pick & drop
- \$100.00 extra pay for going into Canada

Per Diem

- 12 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
- \$1,000 Flex account provided by Jones Bros. for vision, dental, prescriptions, co-pay, etc. *Tax Free*
- Up to \$2000 *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 earnings

**Flexible Home Time, Cell-phone Reimbursement, Family Rider Program, Pet Policy, 3 National Fuel Cards, Paid Vacation, Small Company Family Atmosphere**