



Powered by CDLSuite

Jones Brothers Trucking

6681 Commercial Lane, Missoula, MT - Montana 59808
406-721-4629

Application ID: **1713881130**

We Are An E-Verify Participant

Job Applied For *	First Name *	Middle	Last Name *	Social Security No. *		
Date of Birth *	Mobile Phone No. *	Other Phone No.	Email Address *			
Present Address *	Address 2 *	City *	State/Province *	ZIP *	County	Yrs at this address *

*If at current address less than 7 years, list below most recent addresses for the past 7 years.

Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address

LIFT 50 LBS TO YOUR WAIST?:

CAN YOU DRIVE UP TO 11 HOURS A DAY?:

CAN YOU BE AWAY FROM HOME FOR 14-21 DAYS PER TRIP (Over the Road Driver). Applicants in Muncie will cycle home more often. :

MUST BE ABLE TO CLIMB UP AND DOWN ON NOT ONLY THE TRAILERS BUT ALSO LADDERS ON THE LOADS UP TO 14 FOOT TALL, CAN YOU DO THESE BOTH?:

CAN YOU PUSH OR PULL LEVERS OR OBJECTS THAT REQUIRE 50LBS OF FORCE OR MORE?:

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN WHY?:

PLEASE LET US KNOW HOW YOU HEARD ABOUT JONES BROS. TRUCKING. ARE YOU RESPONDING TO AN AD THAT YOU HAD SEEN ON - INDEED.COM, ZIP RECRUITER, CRAIGS LIST, ANOTHER WEBSITE, OR DID SOMEONE REFER YOU TO US? :

If accepted , when would you like to start?:

Commercial Driver's License

Name - Exactly as it appears on your driver's license *

Maiden or other name used

CDL Type *

☐ A ☐ B ☐ C ☐ None

Endorsements (check all that apply)

☐ H ☐ T ☐ N ☐ X ☐ P

License Expiration Date *

Air Brake Restriction? *

☐ Yes ☐ No

Automatic Transmission Restriction *

☐ Yes ☐ No

Years of CDL Experience

Current Driver's License Number *

Issuing State/Province *

Current DOT Medical Card *

☐ Yes ☐ No

DOT Medical Card Expiration Date

Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van		Doubles		Flatbed	
Tanker		Reefer:		Switching(yard tractor)	
Dump		CDL B			

Are you applying outside the state of Montana? If so please contact us for any additional release forms that may be required... :

Do you have a CLASS A CDL?:

DO YOU HAVE A TANKER ENDORSEMENT? :

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			

List special courses or training that will help you as a driver:

List driving awards held and who presented them:

HAVE YOU RECENTLY GRADUATED FROM A TRUCK DRIVER CLASS A CDL TRAINING SCHOOL/PROGRAM?:

DRIVING SCHOOL GRADUATE - WHICH SCHOOL DID YOU ATTEND?:

DRIVING SCHOOL GRADUATE - WHEN DID YOU GRADUATE?:

Additional Licenses

List ALL additional licenses held in the past 7 years.

State/Province	License no.	Class	Endorsement(s)	Expiration date

☐ Yes ☐ No - Has any license, permit, or privilege ever been suspended, revoked, or denied? *

☐ Yes ☐ No - Have you ever been convicted for driving under the influence of drugs or alcohol? *

☐ Yes ☐ No
- Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years? *

☐ Yes ☐ No - Have you ever been convicted of a felony or misdemeanor? *

DO YOU HAVE A T.W.I.C CARD?:

DO YOU HAVE A VALID PASSPORT?:

Accident Review For Past 7 Years

If no Accidents to report, you must check this box.

☐ No Accidents to report.

Click on the Plus sign to add additional Accidents.

	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					☐ Personal ☐ Commercial

Any Accidents within the last 7 years?:

Traffic Convictions & Forfeitures For Past 7 Years

If no Traffic Convictions or Forfeitures to report, you must check this box.

☐ No Traffic Convictions or Forfeitures to report.

Click on the Plus sign to add additional Traffic Convictions or Forfeitures.

Location	Date	Charge(other Than Parking Violations)	Penalty

Please list ALL traffic tickets / moving violations for the last 7 years:

Employment History

Please make sure you have completely filled out all information regarding previous employment (phone numbers, addresses, etc.) You must list all employment (unemployment/schooling, etc.) for the last 3 years. For CDL holders - Per 391.21 of the FMCSA (Federal Motor Carrier Safety Administration) you must list 3 years of employment and all driving jobs held within the last 10 years. All spaces must be filled out.

Are you currently working?

☐ Yes

☐ No

EMPLOYER #1

Company *

Supervisor's Name

Supervisor Phone

Salary

Street Address

City

State/Province

Position Held *

From Date (mm/yy) *

To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What?

Number of Months:

Equipment

Were you subject to the FMCSRs while employed by this employer? *

☐ Yes

☒ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

☐ Yes

☒ No

Employment Gap

Description of Gap (What were you doing during this gap?) *

From Date (mm/yy) *

To Date (mm/yy) *

May we contact current employer?

☐ Yes

☐ No

We are an E-Verify Participant:

Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the

foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

☐ * I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

☐ * I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.
You have the right to withdraw your consent to receiving SMS text messages at any time by texting “STOP” in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- ☐ * Inquiry to Previous Employer
- ☐ * Previous Employer Inquiry For Driving History & Safety Performance
- ☐ * PSP Consent Form
- ☐ * Consent for Release of Info Form
- ☐ * Disclosure and Authorization Form
- ☐ * Pre-Employment Controlled Substance Consent Form
- ☐ * Fair Credit Reporting Act Consumer Rights
- ☐ * Drivers Rights Pertaining to Release of Information under Regulation 391.23
- ☐ * FMCSA Clearinghouse Limited Query Consent

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

Print Name*	Signature*	Date
		2024-04-23 14:05:30