

Monson & Sons, Inc.

216 5TH STREET NW

BRITT, IA 50423

PH: 641-843-4272

FAX: 641-843-3519

www.monsonandsons.com

Thank you for your interest in Monson & Sons, Inc. The following information is provided as a guideline to the benefits and policies that are in effect to date.

Our company runs top of the line equipment. All tractors are 2014 Kenworth T660's and 2015/2016 Peterbilt 389's extended hoods with 13 or 18 speed transmissions.

Driver requirements are as follows:

3 yrs. verifiable driving experience

23 yrs. of age

Good MVR-no more than 3 moving violations in 3 yrs.

Drivers with 3 or more accidents in 3 yrs., whether minor or severe, will be placed on probation upon hiring for a minimum of 90 days.

Pass Company physical and drug screen

Pass Company driving test (13 or 18 speed)

Pass Physical capacity test

CDL address must match your physical home address where you reside

Company drivers are hired based on their verifiable experience, if you should have 3 years verifiable experience you will start at \$0.40. We issue fuel cards to cover fuel expenses. All repairs, services, and miscellaneous expenses are reimbursed with proof of receipt. Health/dental/vision insurance is available after 90 days of employment. We also have a 401-k retirement plan in effect that requires one-year continuous employment to qualify with a 4% company match. There are progressive safety bonuses.

We have 6 full time professional dispatchers on staff, available 24 hours per day. We currently have a fleet of 143 tractors and 352 Trailers, and pride ourselves on the on-time courteous drivers we employ.

Sincerely,

R.E. Monson
President

Monson & Sons, Inc.

216 5TH STREET NW

BRITT, IA 50423

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RE: Pre-Employment Drug Test

Dear Job Applicant:

In our ongoing effort to maintain a drug free workplace, Monson & Sons, Inc. requires a valid, negative drug test as a condition of employment. For this test, you will be asked to produce at least ¼ cup of urine. Please remember not to urinate within 1 hour before your test and drink no more than 2 to 3 cups of liquid before the test. You will be required to supply the collection site with a picture ID.

Any attempt to dilute, substitute, or contaminate your specimen will result in an invalid test.

Please feel free to ask any questions you may have about this process.

Sincerely,

R.E. Monson
President

Stacy Cox
Supervisor of Drug & Alcohol Program

Application for Qualification

Monson and Sons, Inc.

216 5th Street NW

Britt, Iowa 50423

Phone: 641-843-4272 Fax: 641-843-3519

monsonandsons.com

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 the Company named above.

Please answer all questions. If the answer to any questions is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!!

The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____

Applying For: Contractor OTR Driver Local

Name _____
First Middle Last

Address _____

Phone Number (____) _____ Cell Phone: (____) _____

Emergency Phone Numbers (____) _____ Relationship _____

(____) _____ Relationship _____

Age _____ Date of Birth _____ Social Security No. _____

CDL # _____ State _____ Type _____ Expires _____

Previous Addresses for past Three Years:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

How did you hear about us or who referred you? _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a Complete Record of all employment for the past **three** years, including any unemployment or self-employment and all commercial driving experience for the past **ten** years.

Mo/Yr Mo/Yr Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr Mo/Yr Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr Mo/Yr Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr Mo/Yr Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr

Mo/Yr

Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr

Mo/Yr

Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr

Mo/Yr

Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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

Mo/Yr

Mo/Yr

Present or Last Employer

From _____ to _____ Name _____

Position Held _____ Address _____

Reason For Leaving _____ Phone#(_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations**while employed? 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 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 10,001lbs or more. (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years:

List special courses/training completed (PTD/DDC, Hax Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years

(attach sheet if more space is needed)

Date of Accident	Nature of Accident (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 any of the answers to the above questions are "Yes," give details

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualifications in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

Applicant's Signature _____ Date _____

Employer: Monson and Sons, Inc.

Address: 216 5th St. NW

City, State: Britt, IA

Phone: 641-843-4272

Fax: 641-843-3519

DRIVERS NAME: _____

SSN: _____

I hereby authorize to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 to the above company. You are released from any and all liability that may result from releasing such information.

Previous Employer: _____

Address: _____

City, State: _____

Telephone: _____ Fax: _____

Signed: _____ Date: _____

Witnessed By: _____

In accordance with 49 CFR 391.23(d)(1), the above applicant shows that he/she worked for you.

Employment dates given from _____ to _____.

Are the employment dates stated above correct? Yes _____ No _____

If not, please give correct employment dates. From _____ to _____

In accordance with 49 CFR 391.23(d)(2), did applicant have any accidents in the past three (3) years? Yes _____ No _____

If yes, please provide the following information listed below:

Date	Location City/St.	# Injuries	# Fatalities	HM Spill?

In accordance with 49 CFR 391.23(e)(1), did the applicant violate any section of 49 CFR Part 382, Subpart B?		
49 CFR Part 382 Subpart B. Did this employee violate:	Yes	No
382.201 – Having an alcohol concentration 0.04 or higher		
382.205 – Use of alcohol while on duty.		
382.207 – Use of alcohol within 4 hours before coming on duty.		
382.209 – Use of alcohol within 8 hours of an accident.		
382.211 – Refusal to submit for testing (Post accident, Random, Reasonable suspicion, or Follow Up test)		
382.213 – Use of controlled substances while on duty.		
382.215 – Tested positive, or had an adulterated or substituted test for controlled substances.		

391.23(e)(2). If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? 49 CFR 382.605/Part 40 Subpart O		
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391.23(e)(3). Did the driver have any of the following testing violations subsequent to completion of 49 CFR 382.605/Part 40 Subpart O?		
	Yes	No
1. Having an alcohol concentration 0.04 or higher		
2. Receive a verified positive controlled substances result		
3. Refusal to submit for testing		

Previous employers please respond to each request within 7 days after the request is received.

Mailed On:	Faxed On:
Verified by Phone Talked to:	
Signature:	Date:

PLEASE MAKE AS MANY COPIES AS YOU MAY NEED FOR YOU PASSED EMPLOYERS. I WILL NEED ONE FOR EVERY PAST EMPLOYER.

DAC Services
800-322-5298
Fax #: 800-267-4093 (Manual Service)
Fax #: 800-257-8069 (Database Retrieval)

Monson and Sons, Inc.
Fax #: 641-843-3519
DAC Customer #: 06066
DAC Sub-account: _____

Reference (35 character maximum) _____

CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for employment (including contract for services) with _____

I understand that consumer reports which may contain public record information may be requested from DAC Services (DAC), Tulsa, OK. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accident, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record request made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED 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 the 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.

In conformity with sections 382.413, 382.405 and 391.89 of Title 49 of the Code of Federal Regulations, I hereby authorize the carriers listed below to furnish to DAC on behalf of the company listed above (Monson and Sons, Inc.) the following information concerning drug and alcohol tests, including pre-employment tests, the carriers conducted during the past two years: (i) the dates on which I tested positive for drugs, and the drugs involved; (ii) the dates on which I tested 0.02 or greater for alcohol and the test result levels; (iii) the dates on which I refused to be tested for drugs and/ or alcohol.

I fully understand that the information I authorized DAC to receive involves test which were-required by the Department of transportation (DOT), and may also include information concerning tests that the DOT did not require but that the carries listed below may have voluntary conducted under their own authority unless I instructed the carriers in writing not to release information concerning non-DOT test to DAC. If a carrier listed below furnished DAC with information concerning items (i), (ii), or (iii) above, I also authorize that carrier to release and furnish (iv) the dates of my negative drug and/or alcohol test and/or tests with results below 0.02 during the two-year period; and (v) the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company (CDL Driver Positions Only)	City	State	Phone

(Attach additional form if needed, additional forms require driver's signature)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete, and I have listed every company for which I worked as a driver during the past two years, and every company for which I took a pre-employment drug and/or alcohol test during the past two years.

Print Name: _____ Sign: _____

Social Security No.: _____ Date: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS**

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

In connection with your application for employment with MONSON & SONS, INC. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.
LAST UPDATED 12/22/2015