

# Employment Application

Jonick & Co., Inc. 4768 French Creek Rd. Sheffield, OH 44054. Phone: 440-277-8735

Applicant Information		
First Name	Middle Name	Last Name
Phone	E-Mail	
Date Of Birth	Social Security Number	
Date Of Application	Position Applied For	Date Available For Work

Do you have legal right to work in the United States?    Yes\_\_\_    No\_\_\_

Previous Three Years Residency				
<i>Attach additional sheets if needed</i>				
	Street	State	Zip Code	# Of Years At Address
Current				
Mailing				
Previous				
Previous				
Previous				

License Information				
<i>Attach additional sheets if needed</i>				
State	License #	Type/Class	Endorsements	Expire Date
Previously Held Licenses				

Driving Experience				
Equipment Class	Type Of Equipment	Date From	Date To	Approxomate # Of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Trailers 2				
Tractor & Tanker				
Other				

Accident Record For The Past 3 Years				
<i>Attach additional sheets if needed</i>				
Dates <i>most recent first</i>	Nature Of Accident	# Fatalities	# Injuries	Chemical Spills Y/N

Traffic Convictions And Forfeitures For The Past 3 Years			
<i>Attach additional sheets if needed</i>			
Date Convicted	Violation	State Of Violation	Penalty

Have you ever been denied a license, permit, or privelege to operate a motor vehicle?

Yes \_\_\_ No \_\_\_

If yes, explain

Has any license, permit, or privelege ever been suspended or revoked?

Yes \_\_\_ No \_\_\_

If yes, explain

### Employment History

Start with the last or current position, including any military experience, and work backwards. You are required to list the complete mailing address, including street number, city, state, zip: and complete all other information.

#### Most Recent Or Current Employer

Name		Phone	
Address			
Position Held		From	To
Reason For Leaving			Salary
Explain Any Gaps In Employment (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes ___ No ___ Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes ___ No ___			

#### Second (Most Recent) Employer

Name		Phone	
Address			
Position Held		From	To
Reason For Leaving			Salary
Explain Any Gaps In Employment (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes ___ No ___ Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes ___ No ___			

### Third (Most Recent) Employer

Name	Phone	
Address		
Position Held	From	To
Reason For Leaving		Salary
Explain Any Gaps In Employment (Include month/year and reason)		
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations?</p> <p>Yes ___ No ___</p> <p>Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?</p> <p>Yes ___ No ___</p>		

### Education

School	Name & Location	Course Of Study	Years Completed	Graduate Y / N
High School				
College				
Other				

### Other Qualifications

Please list any other qualifications that you have and which you believe should be considered.

**To Be Read & Signed By Applicant**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- ~ Review information provided by current/previous employers;
- ~ Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- ~ Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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 Signature	Date
Applicant Name (printed)	

It is the sole responsibility of each applicant and employee to carefully read this entire book. It is imperative that you familiarize yourself with all of Jonick & Co., Inc's (Jonick or Company or Employer) rules, regulations and/or policies. In the event that you do not understand any portion of it, please see your supervisor and ask him/her to explain it.

The contents of this handbook are provided as a matter of information only. The Employer believes in and supports the plans, policies and procedures described herein, furthermore, they are not intended to be conditions of employment.

Employer reserves the right to modify, suspend, terminate or change any and/or all said plans, policies and/or procedures in whole or in part, at any time deemed necessary, with or without cause and/or notification.

Issuance of this handbook, and/or any other handouts, in no way constitutes a binding employment agreement. All employees are employees at the will of the employer, just as all employees may terminate their employment at any time with the Employer.

#### Acknowledgment

I, \_\_\_\_\_ (Print Employee's Name), hereby acknowledge that I have received a copy of Employer's employee handbook, which provides guidelines on the policies, procedures, and, programs affecting my employment with this organization. I understand that Employer can, at its sole discretion, modify, eliminate, revise, or deviate from the guidelines and information in this handbook as circumstances or situations warrant.

I also understand that any changes made by Employer with respect to its policies, procedures, or programs can supersede; modify, or eliminate any of the policies, procedures, or programs outlined in this handbook. I accept responsibility for familiarizing myself with the information in this handbook and will seek verification or clarification of its terms or guidance when necessary.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document and nothing in the handbook creates an express or implied contract of employment. I understand that I should consult my supervisor if I have any questions that are not answered in this handbook.

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Employee Signature

Date

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Print Name

## Deduction Policy

I \_\_\_\_\_, authorize Jonick & Co., Inc. to deduct from my weekly or final pay money for property damages, thefts, fines, towing charges or any cost submitted to Jonick & Co., Inc. arising out of my error or negligence.

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Applicant's Signature

Date

## Cell Phone & Push-To-Talk Policy

Effective January 3rd, 2012, the Federal Motor Carrier Safety Administration put in effect the ban on hand held cellular phones for all drivers of commercial motor vehicles. Hands-free use of a mobile telephone is allowed using either a wired or wireless earpiece, or the speakerphone function of a mobile telephone. Wireless connection of the mobile telephone to the vehicle for the hands-free operation of the telephone, which would allow the use of single-button controls on the steering wheel or dashboard, would be allowed.

The push-to-talk mobile communication equipment is allowed provided the driver does not reach for, dial or hold the actual mobile telephone in his/her hand while driving and the driver is able to touch the button needed to operate the push-to-talk feature from the normal seated position with the safety belt fastened. For example, if the mobile telephone is mounted in a cradle or similar device near the vehicle controls to allow the driver to communicate without reaching for, dialing, or holding the actual mobile telephone in his/her hands while driving, the equipment may be used.

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Employee Signature

Date

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Print Name



## Job Description & Physical Requirements

A successful candidate for an over the road and/or local driving position must, in addition to meeting the minimum qualifications, be able to perform all of the following tasks:

### **JOB OVERVIEW**

Safely drive a conventional tractor pulling the following equipment as required, based on the availability of freight and hours available according to the hours of service and regulations, Part 326, Federal Motor Carrier Safety Regulations.

- ~ 42 - 45 - 48 - 53 Foot Flatbed
- ~ 53 Foot Box ( Dry Van )
- ~ Quad - Belly - Frameless Dumps

In addition to driving, you will be required to hook and unhook trailers, tarp and secure loads in accordance to DOT regulations, perform daily inspections of equipment and keep equipment clean and presentable. You must maintain all required paperwork including ELD, delivering receipts and trip sheets.

### **Physical Requirements**

In addition to meeting the minimum physical requirements set out in paragraph 391.41 of the Federal Motor Carrier Regulations, a successful candidate must be able to perform the following:

<u>Lifting</u>	Steel Racks & Tarps ranging from 50 to 100
<u>Carrying</u>	Chains, binders and tarps up to 100 feet
<u>Climbing</u>	Into and out of tractor cab, loading docks and trailers
<u>Pulling</u>	Full strength horizontally to hook and unhook trailer and bind down loads
<u>Pushing</u>	Full strength horizontally, up to 15 pounds vertically
<u>Bending</u>	Repeatedly each day
<u>Crawl/Crouch</u>	15 minutes each day
<u>Walking</u>	Up to 500 feet several times a day
<u>Standing</u>	3 to 4 hours on occasion
<u>Lying Down</u>	8 to 10 hours per day in Sleeper Berth
<u>Sitting</u>	Up to 15 hours daily
<u>Manual Dexterity</u>	Operation of truck controls
<u>Math</u>	Able to do and understand simple math addition/subtraction
<u>English</u>	Able to read, write and converse in English

If hired, would you be able to perform all job tasks outlined in the job description and physical requirements? Yes\_\_\_\_\_ No\_\_\_\_\_

If not, what accommodations would you need to perform these essential tasks?

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Do you have an original long-form D.O.T. physical certificate/certification card?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide a copy.

## Job Description & Physical Requirements

TO BE READ AND SIGNED BY APPLICANT

By completing and signing this application, I:

Authorize Employer or its agent to investigate my background, character, general reputation and prior employment by contacting my prior employers, reference or any other individuals Employer considers necessary.

Authorize my prior employers to release any and all information requested from any and all information requested and absolve those parties who provided information requested from any and all liability related to their doing so.

Acknowledge that any employment offered to me is at "THE WILL" of Employer and may be terminated by Employer at any time, *with* or *without* cause.

Acknowledge that I will be required and agree to submit to a physical examination and testing for drug and alcohol use as part of Employer's evaluation procedures and authorize release of my results of Employer and Employer's unrestricted use of those results in deciding whether I should be offered employment.

Acknowledge and agree that an express condition of my employment that I stay drug and alcohol free and promptly submit to random drug and alcohol testing whenever requested by employer/company.

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

Certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

On this given date of: \_\_\_\_\_ I have read and fully understand the contents of this memo. I also, fully understand said consequences with regards to my employment status in the event that I should provide any false and/or misleading information.

---

Applicant's Signature

Date

## Jonick's Drug & Alcohol Policy

Jonick employees are involved in commercial driving and operating equipment. There is no place for drug use here. Any drug or alcohol use in the workplace is grounds for immediate termination. Employees must participate in a random substance screening program and additionally submit to testing after accidents or for reasonable suspicion. Failure to report immediately when notified is grounds for termination.

Jonick reserves the right to inspect any company equipment and any independent contractor equipment leased onto the company. This includes the use of narcotic dogs. Any drug or alcohol found in siad equipment is grounds for termination. For independent contractors, termination includes termination of equipment lease agreement.

Any driver getting a DUI (driving under the influence of alcohol) off duty must report this to the company the next business day. Even off duty, this is very serious for commercial drivers and may result in our insurance company refusing to cover you and thereby result in your unfortunate termination.

Following are two FMCSR regulations for your information:

Section 382.207 of the FMCSR states that no driver shall perform safety sensitive functions within 4 hours after using alcohol.

Section 382.201 of the FMCSR states that no driver shall be on duty with a blood alcohol concentration 0.04 or higher.

Drug use in a business work enviorment like ours is the most serious. If you have any doubt of full compliance, we don't want you here putting the safety of others at risk.

---

Applicant's Signature

Date

## New Hire Probation Period

New hires (Including new independent contractors) are under a probation period for their first 90 days. Any problems with attendance, performance, attitude or other issues of merit will be cause for termination.

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please have applicant's Initial alongside each category upon completion of company orientation.

\_\_\_\_\_ Company Owner: Bill Morog  
\_\_\_\_\_ Company Founded: 1968  
\_\_\_\_\_ Company Chain Of Command:  
\_\_\_\_\_ President/Owner: William E. Morog  
  
Dispatch: Sr. G. Ackerman  
                    Jr. S. Scarvelli  
  
\_\_\_\_\_ Company Scheduled Pay Day: First Week Held/Then Every Friday  
  
\_\_\_\_\_ TURN IN DAILY: Company Paperwork Policy  
  
\_\_\_\_\_ Call-in and Call-off Company Policy  
  
\_\_\_\_\_ Company Benefits: Major Medical-Holiday/Vacation Pay  
  
\_\_\_\_\_ Work Related Sickness/Injury  
  
\_\_\_\_\_ Drug/Substance/Alcohol Testing Procedure  
    ~ Pre-employment  
    ~ Random  
    ~ Reasonable Suspicion  
    ~ Post Accident  
  
\_\_\_\_\_ Overweight Policy (Fine & All), Associated Cost  
(towing, Load Reposition, ect.) Drivers Responsibility.  
  
\_\_\_\_\_ Driver's Meeting  
\_\_\_\_\_ Pre & Post Trip Inspections  
\_\_\_\_\_ DUI & DWI Citations and/or Convictions  
\_\_\_\_\_ Accidents  
\_\_\_\_\_ Load Refusal  
  
\_\_\_\_\_ Deduction Policy  
    ~ Company equipment and/or property damage.  
    ~ Customer equipment and/or property damage.  
    ~ General public equipment and/or property damage.  
    ~ Missing Fuel Receipts  
    ~ Unauthorized Purchases

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

## **Overweight Citation & Expense Policy**

The driver is responsible for insuring that loads are loaded legally, not over gross weight in sum or overweight on any axle. Any overweight citations or costs to reposition the load paid by the company will be deducted from the driver's payroll.

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Applicant's Signature

Date

## Jonick & Co., Inc. Toll Road Usage Policy

### Flatbed Drivers

~ USING THE TURNPIKE YOU NEED TO BE AUTHORIZED BY DISPATCH.

### Dump Drivers

- ~ Ohio West bound- you may not get onto the toll road prior to EXIT 6.
- ~ Ohio East bound- you may get on at EXIT 8. You must get off at EXIT 15.

Remember, if any driver uses a restricted portion of the turnpike without obtaining the prior and/or proper authorization, said driver will be held accountable and/or responsible for the entire fee.

**Example:** If a driver enters the toll road at exit J and gets off at exit B said driver will be responsible for the entire toll charge.....not just the charge from exit 6 to exit 8. Rather, said driver will be responsible for the charge from exit 1 to exit 8. The implementation of this company policy is to deter any and/or all unauthorized usage of the toll road.

Flatbeds can use the entire toll road in Indiana, Pennsylvania, and Illinois.

### Cat Scale Tickets

For a driver to be reimbursed for any cat scale ticket the original receipt must be provided to the Human Resources office. If the driver is unable to provide the original receipt, the Human Resources Office is prohibited to reimburse the driver for the cost of the scale until the original receipt is produced.

**NOTE: The receipt must be signed.**

I have read and understand the above-mentioned policy. I fully understand and agree in the event that I should fail-to comply with the contents of the above-mentioned policy said non-compliance may result in the forfeiture of any/or all toll road & scale ticket reimbursement monies that I may have coming. Also, said violation may result in the said amount to be deducted from my weekly company payroll check.

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Driver's Signature

Date

**NOTE: Provide each applicant with a copy of this form upon signing.**

## Driver's Certification of Compliance

1) A commercial vehicle driver may not possess more than one license.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it. You must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that anytime you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

I certify that I have read the above requirements. The following license is the only one that I will possess.

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Driver's License Number

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Driver's License Expiration Date

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State

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Driver's Signature



## Medical Examiner's National Registry Verification

**MOTOR CARRIER INSTRUCTIONS:** The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification files was published in the *Federal Register* April 20, 2012. Beginning May 21, 2014, motor carriers must certify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in CFR 391.23 and 391.51.

**CFR 391.23 Investigation and Inquiries. (m)(1)** The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with CFR 391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (CFR 391.23(m)(1))

**CFR 391.51 General Requirements for Driver Qualification Files. (b)(9)** A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by CFR 391.23(m). (CFR 391.51(b)(9))

**Motor Carrier Verification:** The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiner's certificate for the named driver.

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Driver's Name Identification Number

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Medical Examiner National Registry Number

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Motor Carrier

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Location

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Verified By (Motor Carrier Representative Signature) Date

## Pre-Employment Drug & Alcohol Questionnaire

Applicant Name: \_\_\_\_\_

Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?

Yes \_\_\_\_ No \_\_\_\_

If yes, have you successfully completed the return-to-duty process?

Yes \_\_\_\_ No \_\_\_\_

**Release Of Information Drug & Alcohol Testing**

**Section I - To be completed by the new employer, signed by the employee, and transmitted to the previous employer**

Employee Printed or typed Name

Employee SS or ID Number

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in SectionII-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1) Alcohol tests with a result of 0.04 or higher;
- 2) Verified positive drug tests;
- 3) Refusals to be tested;
- 4) Other violations of DOT agency drug and alcohol testing regulations;
- 5) Information obtained from previous employers of a drug and alcohol rule violation;
- 6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature Date

**Section I-A**

Jonick & Co., Inc.

New Employer Name

4768 French Creek Road, Sheffield, Ohio 44054

New Employer Address

1-(440)-277-8735 1-(440)277-1607

New Employer Phone New Employer Fax

Sarah Scarvelli

Designated Employee Representative

**Section I-B**

Previous Employer Name

Previous Employer Address

Previous Employer Phone

Designated Employer Representative (if known)

**Section II - To be completed by the previous employer and transmitted by mail or fax to the new employer**

**Section II-A**

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing~

- 1) Did the employee have alcohol tests with a result of 0.04 or higher?      Yes \_\_\_ No \_\_\_
- 2) Did the employee have verified positive drug tests?      Yes \_\_\_ No \_\_\_
- 3) Did the employee refuse to be tested?      Yes \_\_\_ No \_\_\_
- 4) Did the employee have other violations of DOT agency drug and alcohol testing regulations?      Yes \_\_\_ No \_\_\_
  
- 5) Did a previous employer report a drug and alcohol rule violation to you?      Yes \_\_\_ No \_\_\_
- 6) If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?      Yes \_\_\_ No \_\_\_

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**Section II-B**

\_\_\_\_\_  
Name of person providing information in Section II-A

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Safety Performance History Records Request**

**To Be Completed By Prospective Employee**

I, (Print Name)

\_\_\_\_\_  
First M.I. Last

\_\_\_\_\_  
Social Security Number Date Of Birth

Hereby authorize:

\_\_\_\_\_  
Previous Employer Email

\_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City, State, ZIP Fax

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (employment application date): \_\_\_\_\_

To: Jonick & Co., Inc.  
Prospective Employer

Sarah Scarvelli 1-(440)-277-8735  
Attention Phone

4768 French Creek Road  
Street

Sheffield, Ohio 44054  
City, State, ZIP

In compliance with CFR 40.25 and CFR 391.23, release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

1-(440)-277-1607  
Prospective Employer's Fax Number

Dispatch@jonick.com  
Prospective Employer's Email Address

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

This information is being requested in compliance with CFR 40.25 and CFR 391.23.

**To Be Completed By Previous Employer**  
**Accident History**

The applicant named above was employed by us.      Yes \_\_\_ No \_\_\_

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?    Yes \_\_\_ No \_\_\_  
If yes, what type?      Straight Truck \_\_\_      Tractor-Semitrailer \_\_\_      Doubles/Triples \_\_\_  
   Cargo Tank \_\_\_      Other (specify) \_\_\_\_\_

2. Reason for leaving your employ:  
Discharged \_\_\_      Resignation \_\_\_      Lay Off \_\_\_      Military Duty \_\_\_

If there is no safety performance history to report check here \_\_\_\_. Sign Below and Return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (CFR 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here \_\_\_ if there is no accident register data for this driver.

	<u>Date</u>	<u>Location</u>	<u># Injuries</u>	<u># Fatalities</u>	<u>Hazmat Spill</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

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

Any other remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Certificate Of Driver's Road Test

Driver's Name:	
Social Security Number:	
Operator's or Chaffeur's License Number:	
State:	
Type of Power Unit:	
Type of Trailer(s):	

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

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Examiner First & Last Name                      Signature of Examiner                      Date

**Jonick & Co., Inc.**  
**4768 French Creek Rd.**  
**Sheffield, OH 44054**

### Annual Driver's Certification Of Violations

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27).

**DRIVER REQUIREMENTS:** Each driver will provide the list as required by motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

### Completed By Driver - Certification Of Violations

Driver Name: Last, First, MI	Social Security Number	Date Of Employment	
Home Terminal (City & State)	Driver's License Number	State	Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Have you had any violations in the past 12 months?    Yes \_\_\_ No \_\_\_

Date	Offense	Location	Vehicle Type

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date	Driver's Signature		
Motor Carrier Name	Motor Carrier Address		
Reviewer Printed Name	Reviewer Signature	Title	Date



## Annual Review Of Driving Record

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

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Driver Name: Last, First, MI                      Social Security Number                      Date Of Employment

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Home Terminal (City & State)                      Driver's License Number                      State                      Expiration Date

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

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Motor Carrier Name                      Motor Carrier Address

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Reviewer Printed Name                      Reviewer Signature                      Title                      Date Of Review

## **Training Checklist**

- ~ Trainee can drop and hook trailer
- ~ Trainee can perform thorough pre/post trip inspections.
- ~ Trainee can accurately fill out paperwork.
- ~ Trainee understands correct procedure in order to inform dispatch of an ELD malfunction and using a paper log when necessary.
- ~ Trainee understands our truck/trailer repair request procedure.(writing it up for the garage)
- ~ Trainee demonstrates dumping properly.
- ~ Trainee can back-up the CMV properly.
- ~ Trainee demonstrates proper usage and operation of tarps.

# Employee Contact Information

---

NAME

---

ADDRESS

---

CITY, STATE & ZIP

---

PHONE #

---

MOBILE #

---

BIRTH DATE

---

SOCIAL SECURITY #

---

DRIVER'S LICENSE #

---

ISSUING STATE

---

EXPIRATION

## Emergency Contact

---

NAME

---

RELATIONSHIP TO EMPLOYEE

---

PHONE #

---

MOBILE #

**General Consent for Limited Queries of the Federal Motor Carrier Safety  
Administration (FMCSA) Drug and Alcohol Clearing House**

I, \_\_\_\_\_, hereby provide consent to Jonick & CO Inc. to conduct limited query of the FMCSA Commercial Driver’s License Drug and alcohol Clearinghouse (further mentioned as “Clearinghouse”) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I give Jonick & Co. Inc my consent to conduct queries as many times as they see fit within my time employed by them.

I understand that if the limited query conducted by Jonick & Co Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose the details of that violation information to Jonick & Co Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Jonick & Co Inc. to conduct a limited query of the Clearinghouse, Jonick & Co. Inc. must prohibit me from performing safety-sensitive functions. INCLUDING DRIVING A COMMERCIAL MOTOR VEHICLE, as required by FMCSA’s drug and alcohol program regulations.

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EMPLOYEE SIGNATURE

DATE