

Application for Employment

JMR Concrete Finishers / Grove Construction / Avodah Supply

6899 County Road 672

Millersburg, OH 44654

(Answer all questions - please print)

This company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-related disability.

Date:	Phone:
Name:	
Address:	
Date of Birth:	Social Security Number:
Previous Address: (Go back 3 years)	_____
	(Street) (City) (State & Zip)

	(Street) (City) (State & Zip)

Driving Qualifications and Experience:

License Held:

State: License Number: 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

If the answer to either is yes, Explain on back of this street

Equipment Experience:

Equipment Class	Equipment Type	For How Long?	Total Miles (appx.)
Tractor & Semi-Trailer			
Tractor w/Two Trailers			
Straight Truck			

*In what States have you operated-past 3 years _____

Accident Record for past 3 years or more.

Date of Accident	Nature of Accident	Fatalities	Injuries

(Attach Additional Sheet if needed)

Traffic Conviction and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(Attach Additional Sheet if needed)

Employment History:

All applicants must provide the following information on all employers during the preceding 3 years. Information must be complete and correct.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with most recent. Add another sheet if necessary.)

Employer		Date	
Name		From Mo/Yr	ToMo/Yr
Address		Position Held:	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving:	

Were you subject to the FMCSRs while employed? Yes No Was your job designed as a safety sensitive function in any DOT- regulated mode subject to the Drug & Alcohol testing requirements of 49 EFR Part 40? Yes No

Employer		Date	
Name		From Mo/Yr	ToMo/Yr
Address		Position Held:	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving:	

Were you subject to the FMCSRs while employed? Yes No Was your job designed as a safety sensitive function in any DOT- regulated mode subject to the Drug & Alcohol testing requirements of 49 EFR Part 40? Yes No

Employer		Date	
Name		From Mo/Yr	ToMo/Yr
Address		Position Held:	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving:	

Were you subject to the FMCSRs while employed? Yes No Was your job designed as a safety sensitive function in any DOT- regulated mode subject to the Drug & Alcohol testing requirements of 49 EFR Part 40? Yes No

Employer		Date	
Name		From Mo/Yr	ToMo/Yr
Address		Position Held:	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving:	

Were you subject to the FMCSRs while employed? Yes No Was your job designed as a safety sensitive function in any DOT- regulated mode subject to the Drug & Alcohol testing requirements of 49 EFR Part 40? Yes No

Employer		Date	
Name		From Mo/Yr	ToMo/Yr
Address		Position Held:	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving:	

Were you subject to the FMCSRs while employed? Yes No Was your job designed as a safety sensitive function in any DOT- regulated mode subject to the Drug & Alcohol testing requirements of 49 EFR Part 40? Yes No

Education:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
 (Name) (City)

To Be Read and Signed by Applicant

This certifies that this application was completed by me, and that all entries on 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 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, health care providers and other persons of history 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 requires to abide by all rules and regulations of the Company.

Date: _____
 X _____
 Applicant's Signature

Addendum to Driver Application

Pursuant to changes to Part 40 of the Federal Motor Carrier Safety Regulations, this Addendum to the Drivers Application for employment must be completed by each applicant.

Have you, the applicant, tested positive or refuse to be tested 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 covered by DOT agency drug & alcohol testing rules during the last 2 years? Yes No

If your answer to the above question is yes, please list the motor carrier(s) you applied to below:

Name of the Motor carrier: _____ Phone #: _____

In addition, if the answer to the above question is yes, please list the name and phone number of the Substance Abuse Professional who managed your evaluation:

Name of SAP: _____ Phone #: _____

X _____
 Signature of Applicant

_____ Date:

Request for Information from Previous Employer

I, the undersigned, hereby authorize you to release the following information to *JMR Concrete Finishers, Grove Construction, and Avodah Supply* for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from such information.

Date: _____ Applicant's Signature: **X** _____

Information Requested From:

Previous Employer's

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To whom it may concern:

The person named below has, while seeking employment with this company as a Driver, stated that they held a position with your company as a _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in the company's hiring process. Thank you for your assistance.

(Signature and Title of Company Representative)

Name of Applicant:

Social Security No:

1. Employed from _____ to _____ as _____

2. Did he/she drive motor vehicle for you? _____ Straight Truck? _____ Bus? _____
Tractor-Semi Trailer? _____ Other (Specify) _____

3. Was Driver involved in any DOT reportable accident? _____

4. Reason for leaving your employ: Discharge _____ Resignation _____ Layoff _____

5. Was general conduct satisfactory? _____

Person Contacted or supplying Information: _____ Date: _____

Request for Information from Previous Employer

In accordance with Part 382.413 of the Federal Motor Carrier Safety Regulations, an employer shall obtain, from a driver's previous employer, information on driver's alcohol test with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested within the preceding three years.

The above information must be obtained and reviewed by the prospective employer no later than 14 calendar days after the first time a driver performs safety sensitive functions for an employer.

The previous employer must provide this information as required by law and contained in Part 382.507

Driver/Applicant Authorization to Release Results

I, the undersigned, in connection with my employment application for employment at *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply*, hereby authorize responsible persons involved in the drug and alcohol testing program at:

Previous Employer: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

to release to *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply* all requested information.

X

(Driver/Applicant Signature)

Date

Confirmation

In accordance with the above listed driver's authorization to release results, the following information is presented:

Name of Previous Employer: _____

Previous Employer Representative: _____

Date & Time Contacted: _____

Driver has participated in Drug and Alcohol Program since: _____

Has driver, during the three years previous to 06/01/2018, tested positive for drugs: Yes No

Has driver, during the three years previous to 06/01/2018, tested greater than .04 for alcohol: Yes No

Has driver refused to be drug or alcohol tested: Yes No

Has driver been involved in any other violations of DOT drug alcohol testing regulations: Yes No

PLEASE NOTE: If Drug test was positive or if Alcohol test was 0.04 or Greater, or if driver refused a Drug or Alcohol test, a substance abuse professional confirmation report will be provided and must be completed.

Name of Person taking Report: _____ Date Report Rec'd: _____

Pre-employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Section 382.301 preemployment requirements apply to driver-applicants of *JMR Concrete Finishers / Grove Construction / Avodah Supply*. As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis test will medically disqualify me from operation of a commercial motor vehicle for this company.

The medical review officer (MRO) will maintain the results of the urinalysis test. Negative and positive results will be reported to *JMR Concrete Finishers / Grove Construction / Avodah Supply*. My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis.

Applicant's Name: _____ Applicant's Signature: X _____

Date: _____

Carrier Official: David Lee Raber

Title: Owner

Driver Authorization for Release of Post Accident Documents

By reason of my inability to provide a urine or breath sample after a reportable accident, I, the undersigned, hereby authorize the release to *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply* any and all hospitals (or any type of medical facility where I may receive emergency medical treatment), records, reports or other such documentation that would indicate whether there were any controlled substances or the presence of alcohol in my system following a motor vehicle accident I was involved in on:

(Date of Accident)

Signature of Driver: **X** _____

Witness: _____

General Release

In connection with my preliminary application with *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply*, I understand that a report, which may contain public record information, is being requested from various sources. This report may include the following types of information:

- names and dates of previous employment
- reasons for termination
- alcohol tests with a concentration result of 0.04 or greater
- controlled substance testing
- refusals of applicant to test
- work experience, accidents, etc.

I further understand that such report may contain information concerning my driving record from state and other agencies which maintain such records as well as information concerning previous driving requests made by others from such agencies; state provided driving record and claims involving me in the files of insurance companies. I hereby authorize, without reservation, any part or agency contacted by *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply* or its authorized representatives to furnish the above-mentioned information without fear or reprisal, accordingly those furnishing such information are hereby released from any and all liability which result from furnishing such information. I have the right to make a request, upon proper identification, to request the nature and substance of all information from *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply* at the time of my request and the sources of information. I hereby authorize *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply* to obtain the above information.

I have been informed by *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply* that I have the right to review information provided by my previous employers, that I have 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 *JMR Concrete Finishers, Grove Construction, and/or Avodah Supply*. I have also been informed that I have the right to have a rebuttal statement to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

Date: **X** _____
Applicant's Signature

Applicants Name: _____ SSN: _____

Prospective Employer: *JMR Concrete Finishers / Grove Construction / Avodah Supply*
6899 County Road 672
Millersburg, OH 44654

Statement of Policy

I have read or it had been explained to me by a representative of *JMR Concrete Finishers / Grove Construction / Avodah Supply* the policies and practices of the company. I understand the information I have received and have been given an opportunity to ask questions regarding the information received.

Since the information may be subject to change as situations warrant, it is understood that changes may supersede, revise, or eliminate one or more of the policies. These changes will be communicated to me by my supervisor or through official notices. I accept full responsibility for keeping informed of these changes.

I understand that the policy does not constitute an employment contract or a guarantee of any fixed terms and conditions of employment.

(Employee Signature)

Date:

Employee Name:

(Supervisors Signature)

Employee Assistance Program

This verifies that I, the undersigned, have received a training session and materials on Alcohol and Drug Abuse in the workplace. The employee, whose name appears above and whose signature appears below, certifies that he/she has attended this training session and has received the material in compliance with Federal Motor Carrier Safety Regulations.

Driver's License No:

State:

Expires:

X _____
(Driver's Signature)

Company Name: JMR Concrete Finishers / Grove Construction / Avodah Supply

Address: 6899 County Road 672
Millersburg, OH 44654

Company Official Signature: _____

Date of Certification:

Driver's Receipt of Drug & Alcohol Policy

I hereby acknowledge receipt of the Company policy on Drug & Alcohol Abuse. I further acknowledge that I have had an opportunity to ask company designated officials any questions that I may have had.

X _____
(Driver's Signature)

Date:

(Witness Signature)

Employment Eligibility Verification

Section 1. Employee Information and Verification. To be completed by and signed by employee at the time employment begins.

Name	Maiden Name:
Address:	Date of Birth:
City: State:	Social Security:
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.	I attest, under penalty of perjury, that I am (check one of the following) A citizen or national of the United States A lawful Permanent Resident (Alien #A _____) An alien authorized to work until ____/____/____ Alien# or admission # _____
X Employee's Signature	Date:

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.)
I attest, under penalty of perjury, that I have assisted in the completion of this form and that, to the best of my knowledge, the information is true and correct.

Preparer's / Translator's Signature:	Print Name:
JMR Concrete Finishers / Grove Construction / Avodah Supply 6899 County Road 672, Millersburg, OH 44654	Date:

Section 2. Employer Review and Verification. To be completed and signed by employer.

List A	Or	List B	And	List C
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document #:		Document #:		Document #:
Expiration date(if any):		Expiration date(if any):		Expiration date(if any):
Document #:		Document #:		Document #:
Expiration date(if any):		Expiration date(if any):		Expiration date(if any):

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (Month/Day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State Employment agencies may omit the date the employee began employment.)

Signature of Employer Representative	Print Name David Lee Raber	Title Owner
Business or Organization's Name JMR Concrete Finishers / Grove Construction / Avodah Supply	Address 6899 County Road 672 Millersburg, OH 44654	Date

Motor Vehicle Driver's

Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinance (other than violations involving only parking) of which has been convicted, or on account of ---- he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information by Section 383.31 --- not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the 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 certify (Section 391.27)

Completed By Driver - Certification of Violations
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Name of Driver	Social Security Number	Date of Employment
Home Terminal (City & State)	Driver 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 Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box ----NONE

Date	Offense	Location	Type of Vehicle Operated

No violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification: _____

Driver's Signature: **X** _____

Completed By Motor Carrier - Annual Review of Driving Record

Motor Carrier Instructions: Review the Certification of Violations listed above other than information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the following named driver in accordance with Section 391.25 and find that he/she (check one)

- Meets minimum requirements for safe driving is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance.

Action taken with Driver: _____

Reviewed by:

Date:

Signature:

JMR Concrete Finishers / Grove Construction / Avodah Supply
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