



## DRIVER QUALIFICATION FILE

### CHECKLIST

DRIVER: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

- DRIVER APPLICATION FOR EMPLOYMENT
- OPERATORS LICENSE
- INQUIRY TO PREVIOUS EMPLOYERS \* *past 3 years*
- INQUIRY TO STATE AGENCIES
- MEDICAL EXAMINER'S CERTIFICATE
- NATIONAL MEDICAL REGISTRY VALIDATION
- MOTOR VEHICLE RECORD REPORT – ORIGINAL
- MOTOR VEHICLE RECORD REPORT – 15 DAYS AFTER MED CERT \* *CDL only*
- DRIVER'S ROAD TEST \* *Non-CDL only*
- CERTIFICATION OF ROAD TEST \* *Non-CDL only*
- ANNUAL DRIVER'S CERTIFICATE OF VIOLATIONS (*annually after hire*)
- ANNUAL REVIEW OF DRIVING RECORD (*annually after hire*)
- HOURS OF SERVICE \* *past 7 days from start of driving*
- CDL-DRUG SCREEN: PRE-EMPLOYMENT \* *maintain separately*
- CDL-DRUG TEST: FEDERAL CHAIN-OF-CUSTODY \* *maintain separately*
- CDL-DRUG FREE POLICY: ACKNOWLEDGEMENT
- CDL-DRUG FREE RANDOM: ADDED TO CONSORTIUM

TERMINATION DATE: \_\_\_\_\_ \* *3-year retention*

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company J Severino Construction, Inc.  
 Address 937 West 52nd Street  
 City Ashtabula State Ohio Zip 44004

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

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, 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 understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

**APPLICANT TO COMPLETE**

(answer all questions - please print)

Position(s) Applied for CDL Driver  
 Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
 Street City  
 State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.  
 Previous Addresses \_\_\_\_\_  
 Street City State & Zip Code How Long? \_\_\_\_\_ yr./mo.  
 Street City State & Zip Code How Long? \_\_\_\_\_ yr./mo.  
 Street City State & Zip Code How Long? \_\_\_\_\_ yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
 (Required for Commerical Drivers)  
 Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
 Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_  
 Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
 (Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? \_\_\_\_\_  
 If yes, explain if you wish. \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

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 the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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 A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	_____			
OTHER _____				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**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

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

**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, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies 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.

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

# J SEVERINO CONSTRUCTION, INC.

Attn: Rachael Kendrick  
One Sheakley Way  
Cincinnati, Ohio, 45246  
Fax: 513-326-8002  
Email: [rachael.kendrick@sheakley.c](mailto:rachael.kendrick@sheakley.c)  
Phone#: 1-513-618-1169 ext. 6361

## “Release of Safety Performance History Record & Drug and Alcohol Testing”

To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed Name: \_\_\_\_\_  
Employee SS Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records and accident history by my previous employer, listed in *Section I-A*.

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

To be completed by the previous employer and transmitted by email or fax to the new employer:

**I-A.**  
Previous Employer Name: \_\_\_\_\_ Period of Service: From \_\_\_/\_\_\_ To \_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Designated Employer Representative (if known): \_\_\_\_\_

- 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 answering “yes” to any of the above items, did he/she 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).*

**II-B.** Complete the following for any accidents included on your accident register (section 390.15(b) of the FMCSR) that involved the applicant in the 3 years prior to the application date shown above.

*NOTE: If driver was not subject to FMCSRs while employed/contracted, please skip section II-B. If there is no accident register data for this driver please skip section II-B.*

DATE:	LOCATION & DESCRIPTION OF ACCIDENT:	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL?

**II-C.**  
Name of person providing information in *Section II-A*: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

U.S. Department of Transportation  
Motor Carrier Safety Program  
Inquiry to State Agency for Drivers Record  
391.23

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Driver's Operators Lic. No.

\_\_\_\_\_  
Driver's Social Sec. No.

Dear The Fedeli Group

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Jodie Spring

Jodie Spring  
(printed) name of person making inquiry

Payroll - A/P  
Title of person making inquiry

Severino Construction, Inc.  
Motor Carrier Name

937 West 52<sup>nd</sup> St. Ashtabula, OH 44004  
Street City State Zip



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

J Severino Construction, Inc., as a condition of employment, and/or continued employment, requires that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed or representing the company, conduct a verification of my education, employment history, credit history, and/or motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen or hair strands to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements. Also, if an offer of employment has been made, I authorize review of my worker's compensation claim history.

I authorize Employment Screening Associates and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies. Under no circumstances will ESA provide or disclose any information regarding your credit history. We do not share, disclose or sell any information that can be used to authenticate your identity such as your Social Security Number, Date of Birth or Mother's Maiden Name.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, Employment Screening Associates, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here [ ] .

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name: FIRST MIDDLE LAST Maiden or Other Name(s)

Current Address - Street, City, State, Zip How Long

Previous Address - City, State, Zip How Long

Previous Address - City, State, Zip How Long

Social Security Number Date of Birth (for confirmation of ID only)

Drivers License Number State Name - exactly as it appears on Driver's License

Email Address

[ ] Yes [ ] No Authorization to contact present employer for reference?

Signature Date

Criminal History

Have you been convicted or plead guilty to a crime in the last 7 years? [ ] Yes [ ] No

- Brief description of crime: Misdemeanor / Felony Please Circle
Date: Place of conviction: City State County

List additional convictions:



# **J Severino Construction, Inc.**

937 West 52<sup>nd</sup> Street  
Ashtabula, Oh 44004  
440-992-4274

## **Drug Free Workplace Policy Summary**

It is the intent of J Severino Construction Inc. to provide a drug free, safe and secure work environment for employees. To ensure a safe and efficient workplace, J Severino Construction will strictly enforce the following policy:

Company policy prohibits use, possession, manufacturing, sale, purchase, transfer or being under the influence of alcoholic beverages, illegal drugs or other intoxicants at any time (including meal periods) on company premises or while on company business.

Violation of this policy will lead to discipline up to and including termination of employment. Depending on the circumstances, the company may notify the appropriate law enforcement agencies.

The company reserves the right to conduct alcohol and drug screening at the company's expense to determine if the employee is under the influence of alcohol, drugs, or controlled substances. Such tests may be for (but not limited to) pre-employment screening, cause, work-related injury, or when employees are returning to work from layoff or leave of absence.

**\*\*\*Please sign to acknowledge that you have been given a copy our full policy.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# ***J Severino Construction, Inc.***

937 West 52<sup>nd</sup> Street  
P.O. Box 603  
Ashtabula, Ohio 44005-0603  
Tel: 440-992-4274  
Fax: 440-992-4275

## **REQUEST FOR MOTOR VEHICLE REPORT**

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

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

State of License: \_\_\_\_\_

I hereby give permission to Monroe Guaranty Insurance Company/The Fedeli Group to run a motor vehicle report and email a copy of the report to Jodie Spring at [jodie@severinoconstruction.com](mailto:jodie@severinoconstruction.com).

Signature: \_\_\_\_\_

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



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

I, \_\_\_\_\_, hereby provide consent to **J Severino Construction, Inc.** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether a drug and alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by **J Severino Construction, Inc.** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **J Severino Construction, Inc.** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **J Severino Construction, Inc.** to conduct a limited query of the Clearinghouse, **J Severino Construction, Inc.** must prohibit me from performing safety-sensitive functions, including driving a commercial vehicle, as required by the FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT AND ACCEPTANCE OF DRUG/ALCOHOL POLICY

I, the undersigned employee of J Severino Construction and Severino Construction acknowledge that I have received this EMPLOYER's drug and alcohol testing policy for DOT-regulated employees. I have been afforded the opportunity to review this policy and to ask questions regarding it. I consent to any and all alcohol and/or other drug testing required under this policy and I understand that any violation of this policy could result in disciplinary action up to and including termination of my employment. I also understand that THE EMPLOYER may be obligated in the future to release to any of my subsequent prospective employers information regarding my drug/alcohol testing history and/or any history of my compliance/non-compliance with this policy.

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**Print name**

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**Signature**

---

**Date**

### OHIO BUREAU OF WORKERS' COMPENSATION

#### REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

THIS LANGUAGE MUST BE CONSPICUOUSLY POSTED