

4880 Leland Drive  
Cumming, GA 30040  
770-887-6117

### **General Information**

**Fuel:** We have a fuel system located at the entrance of Leon Jones; David will instruct you on how to operate the system.

**Waiting Time:** If you arrive at a location & the load is not ready, you may be directed to wait on the load. If this happens, you will be paid \$8.00 an hour for waiting time. This MUST be approved by your dispatcher.

**Supplies:** If you need log books, trip sheets or driver inspection books you will find these located in the tall cabinet inside the office hallway.

**TRUCK REPAIRS OR PROBLEMS, CALL & ASK FOR THE SHOP!**

### **Additional Information**

#### **Jerry Kinser, Carl & David/Dispatchers:**

They are responsible for dispatch. They will inform you of your loads and any other dispatch you may need.

**1-800-654-2527 or 770-781-9373**

#### **Malinda & Joyce/Paperwork:**

Malinda & Joyce are responsible for your paperwork. You must turn in your time sheet and tickets each week on MONDAY by 10:00 AM! Your paycheck will be ready on Thursday at 8:00 AM.

#### **Nathan/Safety Director:**

Nathan is responsible for accidents, work comp. incidents and drug/alcohol screening. In the event of an accident, it is your responsibility to report it to Nathan immediately. EVERY ACCIDENT AND SPILL MUST BE REPORTED!

#### **Jerry Howard/Logs:**

Jerry is responsible for your logs and inspection sheets. These must be filled out correctly and turned in with your time sheet each week.

**DRIVER STATEMENT OF ON-DUTY HOURS  
(For Newly Hired Drivers)**

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_  
Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

| DAY          | 1<br>(yesterday) | 2 | 3 | 4 | 5 | 6 | 7 |             |
|--------------|------------------|---|---|---|---|---|---|-------------|
| DATE         |                  |   |   |   |   |   |   |             |
| HOURS WORKED |                  |   |   |   |   |   |   | TOTAL HOURS |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.  
P.M.

\_\_\_\_\_ On \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
Driver's Signature Date

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another employer? (check one)  
 Yes  No

At this time do you intend to work for another employer while still employed by this company?  
 Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature Date

Witness: \_\_\_\_\_  
Company Representative Date

## EMPLOYEE CONTACT INFORMATION

EMPLOYEE NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY HOME PHONE: \_\_\_\_\_

EMERGENCY CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY HOME PHONE: \_\_\_\_\_

EMERGENCY CELL PHONE: \_\_\_\_\_

These numbers are very important. If any of the information changes please notify Malinda so she can make the necessary changes.

# Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

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 ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

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 shall so certify. (Section 319.27)

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 NONE STATE NONE

| Date | Offense | Location | Type of Vehicle Operated |
|------|---------|----------|--------------------------|
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
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|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |

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

Driver's Name (Print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
(DATE OF CERTIFICATION)

\_\_\_\_\_  
(DRIVER'S SIGNATURE)

Leon Jones Feed & Grain, Inc.  
\_\_\_\_\_  
(MOTOR CARRIER'S NAME)

4880 Leland Drive, Cumming, GA 30041  
\_\_\_\_\_  
(MOTOR CARRIER'S ADDRESS)

\_\_\_\_\_  
(REVIEWED BY: SIGNATURE)

Safety Director  
\_\_\_\_\_  
(TITLE)

**RETAIN THIS RECORD FOR THREE YEARS FROM DATE OF EXECUTION (Section 391.51(h)(3))**

# Leon Jones Feed & Grain, Inc.

4880 Leland Drive  
Cumming, GA 30041  
(770) 887-6117  
(770) 887-0630 fax

## Job Description & Basic Requirements

**Job Title:** Truck Driver

**Job Description:**

- Drives truck to destination in accordance with federal and state regulations, *Leon Jones Feed & Grain, Inc* policies and procedures & David Hood's and Safety Directors recommendations.
- Applies knowledge of commercial driving
- Uses acquired skills on safely maneuvering vehicle at varying speeds in challenging situations such as inclement weather conditions

The following are physical requirements pertaining to the job for which you are applying. These physical requirements are essential functions of the job and are in addition to the skills, certification, and years of experience or other qualifications required to perform the job(s) for which you have applied. These are essential functions mapped out by *Leon Jones Feed & Grain, Inc.* You might be subject to other safety functions as given by different plants.

- Grip, grasp, and twist using your hands and wrists
- Climb trailer to tarp load
- Reach over your head with 10-25 lb. loads regularly during your shift, if required (tarping trailer)
- Wear proper safety equipment when necessary (gloves, safety boots, etc.)
- Understand safety and health information and utilize while on the job
- Other additional essential functions:

\*If you cannot perform one or more of the job requirements noted above, and feel we can modify any part of the job and/or schedule to enable you to do the work, please explain in the space below.

BASED ON THE INFORMATION DISCUSSED AND/OR RECEIVED, I FEEL AS THOUGH I

**CAN**      **CANNOT** *(Circle one)*

PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WE'VE DISCUSSED.

I have reviewed a summary, or had explained to me the functions of the job noted on this page. (Due to various marginal functions of most jobs, a comprehensive description of all duties to be performed is not possible.) *Leon Jones Feed & Grain, Inc.* reserves the right to assign duties not previously described or explained. Should you have reason why you are unable to perform a certain job function, it is your responsibility to report it to David Hood, General Manager. *Leon Jones Feed & Grain, Inc.* reserves the right to modify job descriptions in the future, with or without notice to individuals affected by the job function.

IF THERE IS ANY QUESTIONS OR STATEMENTS ON THIS FORM THAT YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE FROM THE PERSON INTERVIEWING YOU.

My above statements are true to the best of my knowledge and I understand that any false statements or missions will make me subject to discharge.

Signature

Date

Company Representative

Date

# Employee Acknowledgement of the MCO Program for Workers Compensation

I, \_\_\_\_\_  
(Print Employee's Name)

Acknowledge and understand that my place of work utilizes a Managed Care Organization (MCO) to treat my work-related injuries under our worker's compensation coverage.

I understand that I am to report ALL work-related injuries to my supervisor, and that I am to seek medical treatment from an eligible managed care provider.

In an emergency, I understand that I should seek immediate medical treatment. As soon as practicable, I should then contact my supervisor and seek medical treatment within the MCO physician network that is available to me.

The selection and use of our managed care physicians has been explained to me.

I acknowledge that there is a Bill of Rights, a pink physicians panel (WC-P3), and a notice of a pharmacy program currently posted in my place of work and that an employee's guide is available to me at my place of work.

LEON JONES FEED & GRAIN, INC.

Company Name

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

\_\_\_\_\_  
Company Supervisor Signature

\_\_\_\_\_  
Date

ALL EMPLOYEES ARE REQUIRED TO SIGN THIS ACKNOWLEDGEMENT.  
IT SHOULD THEN BECOME A PART OF THE EMPLOYEE'S PERMANENT IN-HOUSE FILE.

LEON JONES FEED & GRAIN, INC.  
4880 LELAND DRIVE  
CUMMING, GA 30041  
770-887-6117

## EMPLOYEE POLICIES AND PROCEDURES CHECKLIST

- I have reviewed and understand the companies' policies and procedures.
- If I sustain an injury on the job, I will inform my supervisor or my employer immediately.
- I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment then the company can assume I have voluntarily quit.
- The company has a very strict "NO DRUG AND ALCOHOL POLICY", and I have signed a consent form to submit to drug and alcohol testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
- If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact my employer day or night as soon as possible. My failure to do so may be grounds for dismissal or indicate that I have quit.
- I understand and will comply with the firm's safety rules and regulations explained to me in the firm's orientation.
- I understand that my company's workers compensation job injuries are treated through a Managed Care Organization (MCO) and I have been given an opportunity to review the MCO Employee Guide.
- I have checked that I have read and fully understand the above statements regarding the firm's policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits (if any).

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*(Employee Printed Name)*

*(Employee Signature)*

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*(Company Representative Printed Name)*

*(Company Representative Signature)*

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*(Date)*

*(Date)*

**Motor Vehicle Driver's**  
**CERTIFICATION OF COMPLIANCE**  
**WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION :**

Sections 391.15(b)(2) and 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, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess :

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)



## *Standard Operating Procedures For Raw Materials Unloading*

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To insure that Raw Material is scaled properly, paper work is completed and the offal is unloaded in a productive manner and to reduce the amount of raw material spilling onto the drive and jacks.

1. Enter scale area at a speed no greater than 5 mph.
2. Position trailer over drains.
3. Open valves
4. Pull Tarp
5. Observe drainage and rod out valves, if required. Average time for drainage is 5-12 minutes
6. Close valves. Do not unlatch locks on trailer gate.
7. Drive onto scales and transfer load ticket to scale operator. Load ticket will include the type of product, driver's name, and the truck and trailer number.
8. Report to Scale Operator: (1) any unusual problem occurring at the source, (2) any problem with the offal. (Foreign material, mixed load, excessive free water, etc.)
9. Unload at appropriate bin:
  - A. Feathers – Feather Jacks # 1 & 2
  - B. Meat - # 1 Jack
  - C. Bones/De-Bone Residue – Jack # 2
  - D. SPN
  - E. Blood – All the way down at end of jacks
10. Back onto jacks. Stop halfway. Unbuckle chains and/or loosen wing nuts. Back to bin making sure the trailer is firmly touching the backstop (insuring the product will go into the bins).
11. Pull fifth-wheel release lever. Remove airlines and electrical hook-up.
12. Pull tractor forward enough to clear jack.
13. Open gate
14. Raise jack by utilizing on/off switch for pump and diverter valve (located on catwalk above the jack).
15. When contents have been unloaded, wash remaining product into bin.
16. Lower jack. Back under trailer. Re-connect air and electrical lines.
17. Pull forward 4 to 5 feet. Remove all excess material by hand to the bin and wash remainder off.
18. Close the gate securely. Verify that the drains are closed
19. Return to scales for weigh-out
  - For Split Loads, you must:
    - A) Unload Blood
    - B) Re-Weigh, Then dump Meat
    - C) Re-Weigh, Then dump Feathers
    - D) Then, Weigh Out

**Note: You must close ALL latches & tailgate each time you weigh out. NO EXCEPTIONS!**

20. Report to Truck shop Manager: (1) any problem associated with draining a trailer.  
(Examples: Drains clogged-up, not working properly, etc.)

**All loaded Raw material trailers in transit must be tarped. Anyone that pulls an untarped trailer is subject to immediate termination!!!**

## *Company Policy on Spills*

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Spills are accidents and must be dealt with in basically the same manner as an accident. The main priority in an accident is to protect the scene and to prevent someone from being hurt or killed. To do so you must stay with the spill. Our goal is to preserve and protect the people, property, effectiveness, and efficiency of Leon Jones Feed & Grain, Inc., our customers and the general public.

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### **What to do if you have a spill:**

- Do NOT drive off and leave it unprotected.
- Call or have someone to call the office so we can get help on the way to clean it up.
- Place your reflector triangles as you would in an accident or breakdown. (100 feet from the rear and 10 feet from the front and rear).
- If you are in a dangerous intersection, call the police or sheriff. If you are in a serious situation, contact dispatch and management or the safety department.

Leaving the scene of a spill will be dealt with in the same manner as if you had left the scene of an accident. If it is determined that you have been negligent, in the spill or if you leave the scene, you will be placed on probation or disqualified from driving, depending on a review of the circumstances.

The best solution is to be careful and try to prevent the spill. A spill can cost you from \$200 to \$300, if you're charged with an unsecured load, plus 3 points on your driver's license.

## *Company Policy on Spills*

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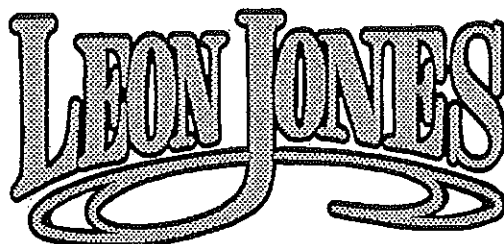
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I certify that I have read & understand Leon Jones Feed & Grain, Inc. policy on Standard Operating Procedures for unloading. My signature also certifies that I have received a copy of the guidelines for the spill policy & the standard operating procedures.

\_\_\_\_\_  
DRIVER NAME ~ PLEASE PRINT

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE



Feed and Grain, Inc.

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4880 Leland Drive, Cumming, Georgia 30041  
Phone: 770-887-6117 Fax: 678-947-8696

May 26, 2011

*TO: All Leon Jones Feed and Grain, Inc. Drivers*  
*FROM: Nathan Bottoms, Safety Department*

Attention Drivers,

As you are aware, talking on your cell phone or wireless device while driving a Commercial Vehicle is not illegal. However, it takes focus off of the highway and your surroundings while you are talking on it, making you a liable candidate to have an accident, cause a spill, or get pulled over. Which will automatically increase the companies and your Comprehensive Safety Analysis score (CSA). Leon Jones Feed and Grain Inc. is trying to improve highway safety for you, the truck driver, as well as the other vehicles that share the road with you. Therefore, effective immediately, Cell Phone use while driving a company vehicle for Leon Jones Feed and Grain, Inc. is **STRICKLY PROHIBITED**.

It is understandable that there will be instances where you need to talk on your cell phone for emergency purposes or getting direction from dispatch, and we are not trying to stop that, simply park your vehicle in a safe location, and take the call. Set up voicemail, and tell anyone that calls you to leave you a message, and you will return their call as soon as you can safely stop. We are however putting a stop to the drivers that are **CONSTANTLY** talking on their cell phones every time they get behind the steering wheel. These drivers are spotted daily trying to make turns, change gears, avoiding cars, and talking on the cell phone at the same time. This is not only a major safety hazard for the company and the driver, but it is completely irresponsible. Driving a commercial vehicle is not the job for you if you feel like you must be on your cell phone all day long.

Any further reports of you using your cell phone for non-emergency or dispatch reasons will result in the loss of your safety bonus, and will potentially result in the termination as a driver for Leon Jones Feed and Grain.

Sincerely,

A handwritten signature in cursive script that reads "Nathan Bottoms".

Nathan Bottoms  
Leon Jones Feed and Grain, Safety Department

# **CERTIFICATE**

**I certify that I have read and understand the Leon Jones Feed and Grain, Inc. cell phone while driving policy.**

**I understand and agree that, in the interests of the safety of the public, my fellow workers, and myself, acceptance of employment of with Leon Jones Feed and Grain, Inc. implies my consent to adhere to all of their company policies at all times of my employment.**

**I understand that failure to honor the terms of this certificate is grounds for termination of my employment or my application for employment with Leon Jones Feed and Grain, Inc.**

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**Employee's Name**

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**Employee's Signature**

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**Date**

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**Witnessed By**

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_  
(print)

ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions

1) Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**LEON JONES FEED & GRAIN, INC.**  
**4880 LELAND DRIVE**  
**CUMMING, GA 30041**  
**770-887-6117**

**EMPLOYEE DRUG & ALCOHOL SCREEN CONSENT FORM**

I, \_\_\_\_\_, hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- Pre-employment
- Post-Hire
- Post-Accident
- For Cause or Suspicion
- Random
- Promotion and or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment.  
\_\_\_\_\_ (employee initials)

**RELEASE OF CRIMINAL RECORDS**

I, the undersigned, do hereby authorize the above company to examine any and all criminal records and arrests on file in the counties in the State of Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time, would your Criminal/Background History report show any derogatory information at all?  
(circle one) YES NO  
Answering "yes" will not automatically disqualify you from employment consideration. If yes, please explain in detail.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #      Date of Birth

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Receipt for Company Handbook / Drug & Alcohol Policy

I certify that I have read & understand the Leon Jones Feed & Grain, Inc. company handbook and Drug & Alcohol Policy.

I understand this handbook also contains the company policy on Spills & SOP's of unloading raw material.

I understand and agree that, in the interests of the safety of the public, my fellow workers and I, acceptance of employment with Leon Jones Feed & Grain, Inc. implies my consent to submit to examination for the presence of unauthorized substances in my belongings, on my person or in my body.

I understand that failure to honor the terms of this certificate is grounds for termination of my employment with Leon Jones Feed & Grain, Inc.

## Termination of Employment

In the event you decide to leave our employment, you will be required to kindly give one (1) weeks notice.

At this time, all cash advances will be held from your next payroll. Then your mileage will be paid as scheduled.

When completing your last day, all trips, bills, logs, permit folder, fuel tickets, fuel card and D.O.T. card must be turned in.

### **Attention: Applicants**

You have applied for a job with Leon Jones Feed & Grain, Inc. asking for a position as a driver. In order to hold this position you must meet several qualifications, one being a physical, including a D.O.T. drug test.

Leon Jones Feed & Grain, Inc. will pay for the physical and the drug testing with one exception: If you are hired, you must be employed a minimum of ninety (90) days or we reserve the right to deduct the full amount of your physical and/or drug screening from your final pay check.

\_\_\_\_\_  
Employee Name (print)

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

\_\_\_\_\_  
Date



LEON JONES FEED & GRAIN, INC.  
 4880 LELAND DRIVE  
 CUMMING, GA 30041  
 770-887-6117

**Post-Offer Medical Questionnaire**  
 (To be maintained in a separate file of confidential medical records)

**IF THERE IS ANY QUESTION OR STATEMENT ON THIS FORM THAT YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE FROM THE PERSON INTERVIEWING YOU.**

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
                   Month Day Year

By completing this form, I am verifying that the above named company has already presented a conditional job offer to me. The Georgia Subsequent Injury Trust Fund protects employers from excess liability for workers' compensation when an injury to a worker merges with a preexisting impairment to cause a greater liability than would have resulted from the subsequent injury alone. In order to qualify for this protection, we must have prior knowledge of any preexisting illness or other ailment/injury you may have sustained in the past that may contribute to a percentage of permanent impairment. The presence of one or more impairments does not automatically render you unfit as an employee. All decisions will be made on job-related criteria. Reasonable accommodation will be made if appropriate, provided it does not pose an undue hardship upon the company making the conditional job offer.

Circle the appropriate yes or no and complete the appropriate blanks.

- | Have You Ever Had? |    | Have You Ever Had?                       |   |
|--------------------|----|--|---|
| Yes                | No | Asthma                                   | Yes No Hay fever                            |
| Yes                | No | Migraine headaches                       | Yes No Diabetes                             |
| Yes                | No | A head injury                            | Yes No Color blindness                      |
| Yes                | No | A fear of heights                        | Yes No An amputated foot, leg, arm, or hand |
| Yes                | No | Heart trouble                            | Yes No Loss of sight of one or both eyes    |
| Yes                | No | Fainting spells or dizziness             | Yes No Cerebral palsy                       |
| Yes                | No | Swelling of the legs or ankles           | Yes No Multiple sclerosis                   |
| Yes                | No | Skin rashes or Eczema                    | Yes No Parkinson's disease                  |
| Yes                | No | Joint pains or Arthritis                 | Yes No Cardiovascular disorder              |
| Yes                | No | Epilepsy                                 | Yes No Tuberculosis                         |
| Yes                | No | Cancer                                   | Yes No Mental retardation                   |
| Yes                | No | Varicose veins                           | Yes No Hemophilia                           |
| Yes                | No | Sickle cell anemia                       | Yes No Chronic infection of bone            |
| Yes                | No | Tendonitis                               | Yes No Muscular dystrophy                   |
| Yes                | No | Repetitive Motion Disorder               | Yes No Ruptured disc                        |
| Yes                | No | Stiffness of major weight-bearing joints | Yes No Nervous trouble or treatment         |
| Yes                | No | Kidney Problems                          | Yes No Depression                           |
| Yes                | No | Knee problems                            | Yes No Hyperinsulinsim (hypoglycemia)       |
| Yes                | No | Pulmonary Disease (lung)                 |   |

- Yes No Compressed air sequelae (damage to lungs, ruptured ear drum, etc due to explosion, air concussion, etc)
- Yes No Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)
- Yes No Do you have partial loss of hearing?
- Yes No Have you ever had an audiogram (hearing test)? If yes, results \_\_\_\_\_
- Yes No Do you need glasses to read or for distance?
- Yes No Any serious wrist problems including Carpal Tunnel Syndrome?
- Yes No Any broken bones? Which bones? \_\_\_\_\_ When? \_\_\_\_\_
- Yes No High blood pressure? If yes, do you take medication to control high blood pressure? Yes No
- Yes No Any serious injuries? Month \_\_\_\_\_ Year \_\_\_\_\_ Nature of the injury \_\_\_\_\_
- Yes No A hernia or rupture? Month \_\_\_\_\_ Year \_\_\_\_\_
- Yes No Any neck pain or problems? Month \_\_\_\_\_ Year \_\_\_\_\_
- Yes No Injured back? Month \_\_\_\_\_ Year \_\_\_\_\_
- Yes No Surgery? Month \_\_\_\_\_ Year \_\_\_\_\_ Type? \_\_\_\_\_
- Yes No Ever refused surgery? If yes, why? \_\_\_\_\_

Have You Ever Had?

- Yes No An allergic reaction to any drugs? Which drugs? \_\_\_\_\_
- Yes No Partial loss of uncorrected vision of more than 75 percent bilaterally?
- Yes No Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six months?
- Yes No Any permanent condition that constitutes 20 percent impairment of a foot, leg, hand, or arm, or of the body as a whole?
- Yes No Do you or have you within the past year participated in recreational drug use?
- Yes No Have you ever participated in a drug abuse treatment program?  
Where? \_\_\_\_\_
- Yes No Do you currently take any prescription medications? If so, what? \_\_\_\_\_
- Yes No Do you have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position without reasonable accommodations?

Estimate the number of workdays you have lost in each of the past two years. \_\_\_\_\_

Please list the name of any doctors you have seen during the past two years. List your family doctor first.  
\_\_\_\_\_

Yes No Have you ever been hurt on the job or filed a worker's compensation claim in the past?

If yes, how many times? \_\_\_\_\_ What Years? \_\_\_\_\_

Please provide pertinent facts to every previous ailment or injury contributing to impairment, as well as all previous worker's compensation claims in the space provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Ever Been Treated For?

Yes No Back pain      Yes No Neck pain      Yes No Hand pain      Yes No Mental conditions

Have You Ever Been Refused Employment or Unable to Hold a Job Because of?

Yes No Sensitivity to dust      Yes No Inability to perform certain motions  
Yes No Inability to assume certain positions      Yes No Other medical reasons? Please Specify below.

**\*\*\*OUR WORKERS COMPENSATION INSURANCE CARRIER MAY CHECK FOR PREVIOUS CLAIMS BY NAME AND SOCIAL SECURITY NUMBER. IF YOU HAD A PREVIOUS CLAIM OR INJURY, AND FAIL TO MAKE US AWARE OF IT, YOU MAY BE LEGALLY DENIED BENEFITS IN THE EVENT OF A NEW INJURY BY OPERATION OF THE LANDMARK RYCROFT RULING. FOR YOUR OWN PROTECTION AND APPROPRIATE MEDICAL CARE, PLEASE MAKE US AWARE OF ANY PREVIOUS INJURIES.\*\*\***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Company Representative \_\_\_\_\_

Date \_\_\_\_\_