

# MIXER DRIVER WELCOME PACKET

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*"WE BUILD CITIES"*

Est. 1959 - Serving Long Island for over 65 years



SCAN HERE TO COMPLETE  
FOLEY APPLICATION

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# WELCOME!

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*Good Morning!*

**MY NAME IS MICHAEL NICOLIA AND WELCOME TO TEAM NICOLIA**

For over 65 years, my family has been the leader of Long Island's ready-mix concrete market. Today, we are proud to have you as a prospective mixer driver professional as well as a vital representative of our legacy.

Throughout this packet and provided resources, you will be able to retain and understand the fine details of this job. We are excited to learn and grow with you.

*Michael A. Nicolia*

## EMPLOYEE INFORMATION

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MEMO: ALL EMPLOYEES — In an effort to maintain the most accurate information, please fill out the information below and return this form as soon as possible. We are updating our records and payroll system and want to be sure we have the most current information on file. Any questions, contact us at 631-867-5012. Your cooperation is greatly appreciated.

|                     |  |              |  |
|---------------------|--|--------------|--|
| Employee Name: Last |  | First        |  |
| Address:            |  |              |  |
| Cell #:             |  | Alternate #: |  |

## EMERGENCY CONTACTS

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| Name | Relationship | Cell / Phone # |
|------|--------------|----------------|
|      |              |                |
|      |              |                |
|      |              |                |

# **JOB DESCRIPTION**

**POSITION: MIXER TRUCK OPERATOR**

## **POSITION SUMMARY**

**THE ESSENTIAL FUNCTIONS AND OBJECTIVES OF THE JOB: DRIVING TO AND FROM JOB SITES DELIVERING AND UNLOADING CONCRETE FOR CUSTOMERS. EXTENSIVE CONTACT WITH THE CUSTOMER REQUIRES HONESTY, A HIGH LEVEL OF INTEGRITY, RELIABILITY, A GOOD WORK ETHIC AND A POSITIVE ATTITUDE. THIS POSITION REQUIRES THE ABILITY TO WORK WELL WITH OTHERS AND WITH CO-WORKERS. SOME DOCUMENTATION VERIFYING DELIVERY OF THE PRODUCT REQUIRES GOOD APTITUDE AND DECISION MAKING SKILLS.**

## **PRINCIPLE RESPONSIBILITIES**

**THE PRINCIPLE RESPONSIBILITIES OF THE JOB:**

- 1. DRIVE A MIXER TRUCK TO AND FROM JOB SITES DELIVERING AND UNLOADING CONCRETE FOR CUSTOMERS.**
- 2. MANUAL LABOR REQUIRED TO SECURE AND RELEASE A LOAD, CLIMB LADDERS AND USE ACCESSORIES WITHOUT ASSISTANCE.**
- 3. ENSURE CUSTOMER IS SATISFIED WITH THE PRODUCT AT THE POINT OF DELIVERY.**
- 4. MAINTAIN AND OPERATE THE MIXER TRUCK AND OTHER EQUIPMENT IN ACCORDANCE WITH COMPANY POLICIES AND LEGAL GUIDELINES.**
- 5. OTHER DUTIES AS ASSIGNED BY MANAGEMENT.**

## **JOB ACTIVITIES**

**WORKING HOURS: 40 HRS. PLUS O.T. WORKING ENVIRONMENT: OUTSIDE ALL YEAR**

**TECHNICAL SKILLS: OPERATE THE TECHNICAL ASPECTS OF A MIXER TRUCK, OPERATE RADIOS & COMMUNICATIONS EQUIPMENT.**

**MANUAL PROCESSES: LIFTING, CLIMBING, OPERATE MACHINERY, SECURE & RELEASE LOADS OF CONCRETE.**

**PERSONAL CONTACT: CUSTOMERS, PEERS, SUPERIORS.**

## **JOB REQUIREMENTS**

**EDUCATION: HIGH SCHOOL OR GED DESIRED**

**LICENSES: COMMERCIAL DRIVERS LICENSE – CLASS A OR B  
UPDATED DOT MEDICAL CARD**

**CLEAN LICENSE- MUST TAKE PRE-EMPLOYMENT DRUG TEST**

**EXPERIENCE: AT LEAST 5 YEARS WITH CDL AND 3 YEARS WITH INDUSTRY  
EXPERIENCE PREFERRED**

**ABILITIES: GOOD COMMUNICATION, APTITUDE & DECISION MAKING**

# CHECKLIST

## ■ COMPLETE THE APPLICATION PROCESS

This includes watching our safety videos and scheduling your pre-employment drug test with our Safety Director Tom Bettua 631-275-3999

## ■ LEARN HOW TO COMPLETE DETAILED DVIR

## ■ UNDERSTAND SLUMP & LOAD PRESERVATION

## ■ UNDERSTAND OUR COMMUNICATION METHODS

Daily communication with dispatch department and batcher.

## ■ BE ABLE TO CONDUCT END-OF-DAY TRUCK PROCEDURES

## ■ GET THE THUMBS UP FROM YOUR TRAINER 👍



**CIRCLE COMPANY ABOVE**

**FILL USDOT NO.** \_\_\_\_\_

**OBTAIN A PHOTO COPY OF THE DRIVERS LICENSE AND AN ORIGINAL OR A COPY OF CURRENT MEDICAL CERTIFICATE**

**DRIVER APPLICATION:**

|                                                                                 |                      |                             |
|---------------------------------------------------------------------------------|----------------------|-----------------------------|
| <b>Applicant Name:</b>                                                          |                      | <b>Social Security#:</b>    |
| <b>Current Address:</b><br><b>City:</b> _____ <b>St.</b> _____ <b>Zip</b> _____ |                      | <b>Date of Birth:</b>       |
| <b>Company Name:</b>                                                            | <b>Company DOT#:</b> | <b>Date of Application:</b> |

**| Residence Past 3 Years |**

|          |     |     |           |
|----------|-----|-----|-----------|
| Address  |     |     |           |
| City:    | St. | Zip | How Long? |
| Address: |     |     |           |
| City:    | St. | Zip | How Long? |
| Address: |     |     |           |
| City:    | St. | Zip | How Long? |

**Applicant list the states and license numbers of all licenses held for the past 3 years – use revers side if needed.**

**Experience and Qualifications - Driver**

| STATE | LICENSE# | EXPIRATION DATE | CLASS A, B, | ENDORSEMENTS |
|-------|----------|-----------------|-------------|--------------|
|       |          |                 |             |              |
|       |          |                 |             |              |

**| DRIVING EXPERIENCE |**

| Equipment Class      | Type of Equipment<br>Van, Flat, Tank, etc | <b>DATES</b><br>From To |  | Approx # of Miles<br>Total |
|----------------------|-------------------------------------------|-------------------------|--|----------------------------|
| Straight Truck       |                                           |                         |  |                            |
| Tractor Semi Trailer |                                           |                         |  |                            |
| Tractor with Doubles |                                           |                         |  |                            |
| Tractor with Triples |                                           |                         |  |                            |
| Tractor with Tank    |                                           |                         |  |                            |
| Other                |                                           |                         |  |                            |

**| Accidents/Crashes for the past 3 years or more |**

| DATE | Nature of Accident<br>(Backing, Head-on, Rollover, Turning) | Fatalities | Injuries |
|------|-------------------------------------------------------------|------------|----------|
|      |                                                             |            |          |
|      |                                                             |            |          |
|      |                                                             |            |          |
|      |                                                             |            |          |
|      |                                                             |            |          |

**I Moving Traffic Convictions and Forfeitures for the past 3 years.**

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

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 revoked? ☐ Yes ☐ No

If yes attach statement giving details.

**This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing?** ☐ Yes ☐ No

**EMPLOYMENT RECORD**

*All for past 3 years and Commercial Driving Experience for the past 10 years*

|                                                                                                                                                                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Last Employer:<br>Position held: _____ From: _____ To: _____<br>Address: _____ City: _____ ST: __<br>Telephone#: _____<br>Reason For Leaving: _____                                                                                                  |  |  |  |
| Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes No<br>Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes No |  |  |  |
| Last Employer:<br>Position held: _____ From: _____ To: _____<br>Address: _____ City: _____ ST: __<br>Telephone#: _____<br>Reason For Leaving: _____                                                                                                  |  |  |  |
| Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes No<br>Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes No |  |  |  |
| Last Employer:<br>Position held: _____ From: _____ To: _____<br>Address: _____ City: _____ ST: __<br>Telephone#: _____<br>Reason For Leaving: _____                                                                                                  |  |  |  |
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| Last Employer:<br>Position held: _____ From: _____ To: _____<br>Address: _____ City: _____ ST: __<br>Telephone#: _____<br>Reason For Leaving: _____                                                                                                  |  |  |  |
| Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes No<br>Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes No |  |  |  |

*This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge. I understand that previous employers will be contacted for the purpose of investigating safety performance and history.*

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

\_\_\_\_\_  
DATE