

ASPHALT

SPECIALTIES CO.

10100 Dallas St. • Henderson, CO 80640 • (303) 289-8555 • Fax: (720) 322-7054

# Commercial Driver Application - CDL

**IF YOU POSSESS A CDL, USE THIS APPLICATION**

*(Even if you are not applying for a driving position)*

**FILL OUT ALL PAGES OF THE APPLICATION AS  
INSTRUCTED**

**Please submit the following to be copied:**

● ***CDL LICENSE***

● ***UNEXPIRED DOT PHYSICAL CARD***

● ***A CURRENT MVR***

# ASPHALT

## SPECIALTIES CO.

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### 2021 - Application for Employment – C.D.L. - Commercial Driver License

Asphalt Specialties Co., Inc. is proud to be an Equal Employment Opportunity and Affirmative Action employer. We do not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

Date of Application: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Required for Commercial Drivers

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

*The FMCSA regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.*

\*Current Address \_\_\_\_\_  
Street City State Zip Code  
*\*If at the above residence less than three years, list below all residences for the past three (3) years. Attach a separate sheet if necessary.*

Previous Address \_\_\_\_\_  
Street City State Zip Code

Previous Address \_\_\_\_\_  
Street City State Zip Code

Position applying for \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Who referred you? \_\_\_\_\_ Date available for work \_\_\_\_\_

Have you worked for this company before? No or Yes If YES please provide dates: From \_\_\_\_\_ To \_\_\_\_\_  
Circle one

Reason for leaving \_\_\_\_\_

Name of relatives employed at this company \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

### EDUCATION/ SKILLS

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

SKILLS: Please list any construction, driving or equipment operator skills that will help you in this position:

**Reference:** Please list a non-relative you have known at least two (2) years:

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

Address \_\_\_\_\_

## Employment History

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the (7) year period prior to those three years, for a total of 10 years. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

**Please start with the most recent employer**

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

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Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

**Additional Employment History:**

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

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Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax Number \_\_\_\_\_  
Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Were you subject to FMCSA & US DOT alcohol & controlled substances testing requirement? Yes or No

.....  
An applicant's former employer will be contacted for the purpose of investigating the safety performance history information. You have the right to review the information provided by your previous employers, the right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information, the right to have a rebuttal statement attached to the alleged erroneous information if you and the previous employer cannot agree on the accuracy of the information.

## Driver License Information

*Driver Licenses held in the past 3 years must be listed.*

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes or No (circle one)
- B. Has any license, permit or privilege ever been suspended or revoked? Yes or No (circle one)
- C. Have you ever been disqualified for violations of the FMCSA Regulations? Yes or No (circle one)

If you answered Yes to any of the above questions, please give details:

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## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate Total Miles
Straight Truck		to	
Tractor & Semi-Trailer		to	
Twin		to	
Other		to	

List states operated in during the last five (5) years:

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List special courses or training that will help you as a driver:

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List safe driving awards held and who presented by whom:

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## Accident History

Date	Nature of Accident	#Fatalities	# Injuries	# Vehicles Towed	Citation issued?

## Motor Vehicle Driving Record (MVR)

*Traffic convictions and forfeitures for the last 3 years other than parking violations.*

Date	Location	Charge	Penalty

# ● NOTE ●

**PLEASE READ BEFORE YOU MOVE ON!**  
DO NOT FILL OUT THE NEXT FORM, PLEASE SIGN  
YOUR NAME ONLY WHERE “APPLICANTS  
SIGNATURE” IS CIRCLED!!!

**¡POR FAVOR LEA ESTO ANTES DE SEGUIR!**  
¡EN LA SIGUIENTE FORMA NADAMAS FIRME SU  
NOMBRE DONDE ESTA CIRCULADO!

# REQUEST FOR INFORMATION

From Previous Employer: \_\_\_\_\_

I hereby authorize you to release the following information to **Asphalt Specialties Co., Inc.** for the purposes of investigation as required by 49 C.F.R 391.23 and allowed by 49 C.F.R 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date \_\_\_\_\_

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

## PROSPECTIVE EMPLOYER:

Asphalt Specialties Co., Inc. 10100 Dallas St Henderson, Colo. 80640  
Telephone No. (303) 289-8555 \*Please Fax this form back to: Fax No. (720) 322-7054

Dear Sir/Madam:

The individual named below has made application to this company for a position as a \_\_\_\_\_ and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below.

Thank you for your courtesy.

Sincerely,

Job Title

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Last 4 digits of Social Security No. \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ at wage or salary of \_\_\_\_\_ per hour/year.

2. Did he/she drive a motor vehicle for you? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

3. Was he/she a safe and efficient driver while employed by you? Yes No If no, please explain in detail. \_\_\_\_\_

4. Was the driver involved in any accidents while employed by you? Yes No If yes, please list in detail. \_\_\_\_\_

5. Reason for leaving your company:  Discharged  Resignation  Lay off  Military Duty

6. Was his/her general conduct satisfactory? Yes No If no, please explain. \_\_\_\_\_

7. Personal Reference Comments: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**A S P H A L T**



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**APPLICANT MUST READ AND SIGN**

I certify that I have read and understand this employment application and that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application employment, as may be necessary in arriving at an employment decision. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I hereby understand and acknowledge unless otherwise defined by applicable law, any employment relationship with Asphalt Specialties Company Inc. is of an "at will" nature which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand false or misleading information given in my application or interviews may result in discharge. I also understand I am required to abide by all rules and regulations of the employer. I agree to pre-employment drug testing or any other drug testing if required to do so.

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

**El solicitante debe leer y firmar**

Certifico que he leído y comprendido esta solicitud de empleo y que todas las respuestas aquí proporcionadas son verdaderas y completas según mi leal saber y entender. Autorizo la investigación de todas las declaraciones contenidas en esta solicitud de empleo, según sea necesario para llegar a una decisión de empleo. Entiendo que, como solicitante de un puesto en esta empresa, se me puede pedir que demuestre que soy capaz de realizar tareas que son pertinentes para el trabajo. Por la presente entiendo y reconozco, a menos que la ley aplicable lo defina de otra manera, cualquier relación laboral con Asphalt Specialties Company Inc. es de naturaleza "a voluntad", lo que significa que el empleado puede renunciar en cualquier momento y el empleador puede despedir al empleado en cualquier momento con o sin causa. Además, se entiende que esta relación laboral "a voluntad" no puede ser modificada por ningún documento escrito o por conducta a menos que un ejecutivo autorizado de esta organización reconozca específicamente dicho cambio por escrito. En caso de empleo, entiendo que la información falsa o engañosa proporcionada en mi solicitud o entrevistas puede resultar en el despido. También entiendo que debo cumplir con todas las reglas y regulaciones del empleador. Estoy de acuerdo con la prueba de drogas previa al empleo o cualquier otra prueba de drogas si es necesario.

Firma del solicitante \_\_\_\_\_ Fecha \_\_\_\_\_



**A S P H A L T**



**S P E C I A L T I E S C O .**

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**Disclosure Statement**

I hereby authorize Asphalt Specialties Co., Inc. to obtain, for employment purposes, reports regarding my previous employment, previous alcohol and drug test results and my Motor Vehicle Record (MVR). I authorize the release of my medical long form and medical examiners certificate from my DOT physical. These reports are required by sections 391.43, 382.413, 391.23 and 391.25 of the FMCSA regulations.

Applicants Printed Name \_\_\_\_\_

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

**Declaración de divulgación**

Por medio de mi autorización autorizo a Asphalt Specialties Co., Inc. a obtener, con fines laborales, informes sobre mi empleo anterior, los resultados de pruebas anteriores de alcohol y drogas y mi Registro de vehículos motorizados (MVR). Autorizo la divulgación de mi formulario médico largo y certificado de examinadores médicos de mi examen físico del DOT. Estos informes son requeridos por las secciones 391.43, 382.413, 391.23 y 391.25 de las regulaciones de la FMCSA.

Nombre impreso de los solicitantes \_\_\_\_\_

Firma del solicitante \_\_\_\_\_ Fecha \_\_\_\_\_

**A S P H A L T**



**S P E C I A L T I E S C O .**

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## FMCSA Drug and Alcohol Clearinghouse Consent for Limited Query

Notice to Driver: The Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per 382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log into the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per 382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

### Authorization

I, \_\_\_\_\_ hereby authorize *Asphalt Specialties Co., Inc.* to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. The consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Driver Signature \_\_\_\_\_

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## EMPLOYMENT INTEREST

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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### ***VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA***

The following information is voluntary. The data provided will be used solely in connection with affirmative action efforts. It will help us to assess the representation of a diverse workforce. Your cooperation in providing us with the data requested is appreciated. It is the policy of the state, as expressed in the constitution, statues, Governor's executive orders, Personnel Board of Rules and Director's Procedures that the work force of the state should be representative of all individuals available to work in the state.

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ETHNICITY: Please check the Racial / Ethnic group with which you identify (check only one).

White  Black or African American  Native Hawaiian or Other Pacific Islander

Asian  Hispanic  American Indian or Alaska Native  Two or More Races

GENDER: Female

DATE OF BIRTH:

Male

\_\_\_\_\_  
Month Day Year

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DATE AVAILABLE TO WORK: \_\_\_\_\_

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***This page to be removed by the EEO Officer prior to referral.***

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