ASPHALT SPECIALTIES CO.
345 W. 62nd Ave • Denver, CO 80216 • (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***

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2022 - 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_____

Emergency Contact: _____ _____
Name Phone Number

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 and 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

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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

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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

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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

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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

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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

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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

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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

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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

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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

---

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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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:

_____

_____

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:

_____

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

_____

List safe driving awards held and who presented by whom:

_____

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

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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 _____

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Disclosure Statement

I hearby 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 _____

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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 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 _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Asphalt Specialties ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Asphalt Specialties ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

• 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

I hereby authorize you to release the following information to: Asphalt Specialties Co., Inc. for the purposes of investigation. You are released from any and all liability which may result from furnishing such information.

Print Name:_____ Applicant Signature _____

Date:_____

PROSPECTIVE EMPLOYER:

Asphalt Specialties Co., Inc. 345 W. 62nd Ave. Denver, CO 80216

Telephone: (303) 289-8555 **PLEASE FAX FORM BACK TO: (720) 322-7054**

Previous Employer:_____

Dear Sir/Madam:

The below named individual 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.

Sincerely,
Lisa Rodriguez, HR Manager

Name of Applicant: _____ Last 4 digits of S.S. #:_____

1. Employed from _____ to _____ as a _____ at wage or salary of _____.
2. Reason for leaving your employ: Discharged ____; Resignation ____; Layoff ____; Military Duty ____

***** Please indicate your opinion by placing a check (✓) in the appropriate column. *****

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Attitude, ability to get along with others				
Skills				
Safety Habits				
Attendance				

COMMENTS

_____

_____

_____

SIGNATURE _____

TITLE _____

DATE _____

Rev. 1/2021

ASPHALT SPECIALTIES CO.

345 W. 62nd Ave. • Denver, CO 80216 • Phone: (303) 289-8555 • Fax: (720) 322-7054

EMPLOYMENT INTEREST

NAME:_____ **DATE:**_____

ADDRESS:_____ **PHONE:**_____

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.

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 ☐

Male ☐

DATE OF BIRTH:

_____

Month Day Year

DATE AVAILABLE TO WORK:_____

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