

CDL POST HIRE DOCUMENTS

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

I, [redacted] hereby provide consent to Central Alabama Asphalt and Construction LLC to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I also understand that this consent form gives Central Alabama Asphalt and Construction LLC permission to check the Clearinghouse database at any given time for the duration of my employment with them.

I understand that if the limited query conducted by Central Alabama Asphalt and Construction LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Central Alabama Asphalt and Construction LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Central Alabama Asphalt and Construction LLC to conduct a limited query of the Clearinghouse, Central Alabama Asphalt and Construction LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Print Employee Name
{As it shows on driver’s license}

Employee Signature

Date

Driver’s License Number _____ State _____

Date of Birth ____ / ____ / ____

MOTOR VEHICLE RECORD RELEASE FORM

This Section to be completed by the Driver:

Driver's Name _____
Last Name First Name MI

Date of Birth ____/____/____

Driver's License Number: _____ Issuing State: _____

Employee Driving Record – To be completed by the Company Driver

During the five years preceding the date of this application, have you:

- | | | |
|--|-----|----|
| 1. Had your driver's license suspended or revoked? | Yes | No |
| 2. Been cited for driving a vehicle under the influence of alcohol or drugs? | Yes | No |

Driver Commitment

I agree to fulfill all my responsibilities that include but are not limited to:

1. Adhere to all policies and procedures governing the operation of my vehicle.
2. Report unsafe operating conditions of the vehicle.
3. Report any accident immediately.
4. Prohibit the use of company vehicle by unauthorized drivers.
5. Prohibit unauthorized passengers from riding in the company vehicle - NO EXCEPTIONS.

I understand that these commitments and responsibilities are monitored and failure on my part to fulfill these requirements may result in loss of fleet driving privileges or other disciplinary actions.

The undersigned hereby authorizes any State Department of Motor Vehicles to release any and all information pertaining to my driving record to the company or its designee, to evaluate for driving purposes. This authorization shall remain in effect for the duration of my employment with the company.

Driver's Signature: _____

Date: _____

**General Consent for Queries of the Federal Motor Carrier Safety
Administration (FMCSA) Drug and Alcohol Clearinghouse**

I _____ hereby state that my personal e-mail address is: _____

_____. This email address is () checked daily or is () rarely checked. For the purpose of expediting FMCSA Clearinghouse information regarding me, I give Central Alabama Asphalt and Construction, LLC (CAA) permission to create a CAA email address in my name, at no cost to me. I also grant permission to CAA to create a Clearinghouse registration in my name using the CAA email address. I hereby grant CAA to run any necessary Clearinghouse reports regarding my driver qualification status. If at any time I have an email address that is checked regularly, daily or at least weekly, I may request the email address shown in the Clearinghouse be changed to such email address by written notice. I also agree to respond to Query Reports in a positive manner for any request to run a Clearinghouse report by CAA or its authorized agent. By my signature below, I hereby grant CAA permission to run limited and full queries prior to my employment and thereafter to run reports as necessary and required by FMCSA.

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

Print Employee Name

{As it shows on driver's license}

Employee Signature

Date

Driver's License Number _____

State _____

Date of Birth ____/____/____

Central Alabama Asphalt and Construction Company, LLC
3181 Fosters Ferry Road, 35401
PO Box 20766 Tuscaloosa, AL 35402



DRIVER EMPLOYMENT APPLICATION

Central Alabama Asphalt and Construction LLC

3181 Fosters Ferry Road, Tuscaloosa, AL 35401
PO Box 20766, Tuscaloosa, AL 35402

(Answer **all** questions. Fill in **all** shaded areas – Please PRINT)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. **STARTING DATE AS DRIVER:** _____

Application Date: _____ **Hire Date:** _____
(To be completed by CAA if employed)

Position(s) Applied for: _____

Name: _____ **Social Security No:** _____
Last First MI

Date of Birth (Required for Truck/Bus Drivers): _____ **Cell Phone:** _____

Email Address: _____

Must list all addresses for the past 3 years:

Current Address: _____
Street City

_____ **Phone:** _____ **How Long?** _____
State Zip Code

Previous Address: _____
Street City

_____ **Phone:** _____ **How Long?** _____
State Zip Code

MUST BE MONTH AND YEAR

EMPLOYMENT HISTORY

MUST BE 10 YEARS CONTINUOUS - NO GAPS - INCLUDE UNEMPLOYED DATES WITH REASON - INCLUDE EMPLOYERS WHEN NOT DRIVING

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (*driving positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years information on those employers for whom you worked as a driver operating a commercial motor vehicle. **In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)**

CURRENT OR LAST EMPLOYER		DATES	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage:
Contact Person:	Phone No.	Reason for leaving:	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage:
Contact Person:	Phone No.	Reason for leaving:	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage:
Contact Person:	Phone No.	Reason for leaving:	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip:	Salary/Wage:
Contact Person:	Phone No.	Reason for leaving:	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

Please continue employment record on next page

DATES MUST INCLUDE MONTH AND YEAR - EXAMPLE: JUNE, 2023 TO JULY, 2024

EMPLOYMENT HISTORY

Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (driving *positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

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In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

EMPLOYMENT HISTORY

Note: If needed, make additional copies of this page to capture info regarding all employers during the past 10 years.

ALL DRIVER APPLICANTS: To drive in interstate commerce, you must provide the following information on all former/current employers (driving *positions and non-driving positions*) for the last 3 years. All information must be complete for your application to be considered.

ALL DRIVER APPLICANTS: To be employed as a driver of a commercial motor vehicle (any vehicle requiring a CDL License) in intrastate or interstate commerce, you must also provide an additional 7 years information on those employers for whom you worked as a driver operating a commercial motor vehicle.

In other words, if you are going to drive a vehicle requiring a CDL, YOU MUST HAVE 10 YEARS working & driving experience (no gaps)

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

CURRENT OR LAST EMPLOYER		DATES	
Name: _____		From: _____	To: _____
Address: _____		Position Held: _____	
City: _____ State: _____ Zip: _____		Salary/Wage: _____	
Contact Person: _____ Phone No. _____		Reason for leaving: _____	

Were you subject to DOT rules while employed with this company?

Yes / No

While employed by this company, was your job designated as "safety-sensitive," making you subject to the DOT drug and alcohol testing requirements?

Yes / No

**IF THERE ARE ANY GAPS IN EMPLOYMENT OVER 30 DAYS
THIS FORM MUST BE COMPLETED TO EXPLAIN THE GAP**

**AFFIDAVIT FOR GAPS IN
EMPLOYMENT HISTORY**

I have submitted an application for employment with *Central Alabama Asphalt and Construction Company, LLC* under the requirements of 49 CFR, Part 391.21. *Central Alabama Asphalt and Construction Company, LLC* has reviewed my employment history and has requested that I explain the time gaps in my employment.

Below, I have listed the timeframes that are considered "gaps" in my employment. I have provided an explanation of these employment gaps that are in excess of 30 days in length, and certify that the information I have provided is true and accurate.

By signing below, I certify that the above information is true and accurate, and realize that *Central Alabama Asphalt and Construction Company, LLC* will rely on the information provided as part of the decision to hire me. *Central Alabama Asphalt and Construction Company, LLC* reserves the right to deny employment for providing false information on this form, as this form was designed to supplement the DOT requirements for the verification of a driver's work history as required by the DOT rules outlines in 49 CFR, Part 391.23.

(Driver Name)

(Driver Signature)
Central Alabama Asphalt and Construction Company, LLC 3181 Fosters Ferry Road, 35401
PO Box 20766 Tuscaloosa, AL 35402
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(Date)

EXPERIENCE AND QUALIFICATIONS OF DRIVER APPLICANT

ACCIDENT RECORD FOR THE PAST 7 YEARS:

If none, write "none". Attach additional sheets if more space is required.

DATES	NATURE OF ACCIDENT (HEAD-ON; REAR-END; UPSET, JACK-KNIFE, ETC.)	FATALITIES	INJURIES	CHARGEABLE	√ If You Can Provide Documentation
Last Accident		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	
Next Previous		YES NO	YES NO	YES NO	

TRAFFIC CONVICTIONS AND LICENSE FORFEITURES FOR THE LAST 7 YEARS, (OTHER THAN PARKING VIOLATIONS).

If none, write "none", (attach additional sheets if more space is required).

LOCATIONS	DATE	CHARGE	PENALTY

DRIVERS LICENSES	STATE	LICENSE No.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES NO

Have you ever had any license, permit or privilege suspended or revoked?

YES NO

IF THE ANSWER TO EITHER OF THE ABOVE TWO QUESTIONS IS "YES", GIVE THE DETAILS.

DRIVING EXPERIENCE (IF NONE, WRITE "NONE".)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	AMOUNT OF EXPERIENCE
STRAIGHT TRUCK	CONTRACTOR'S DUMP	
	REGULAR DUMP TRUCK	
	TANKER	
	WRECKER	
	FLAT BED	
	VAN	
	REEFER	
	CEMENT TRUCK	
	BOOM TRUCK	
	SERVICE TRUCK	
	STRAIGHT TRUCK PULLING TRAILER	
	VAC TRUCK	
TRACTOR TRAILER	NON-HEATED, NON-REFRIGERATED, LIQUID TANKER	
	REFRIGERATED TANKER	
	HEATED TANKER	
	DRY BULK TANKER	
	OPEN DUMP TRAILER	
	FLAT BED	
	REEFER	
	VAN	
	CAR CARRIER	
	DOUBLES	
TRIPLES		
BUSES	STRAIGHT BUS (SCHOOL BUS, CHURCH BUS)	
	STRAIGHT COMMERCIAL BUS	
	DOUBLE	
	TRIPLE	
OTHER NOT LISTED		



Central Alabama Asphalt and Construction LLC
3181 Fosters Ferry Road, Tuscaloosa, AL 35401
PO Box 20766, Tuscaloosa, AL 35402

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and the information contained in this application, are true and complete to the best of my knowledge.

I authorize **Central Alabama Asphalt and Construction LLC** to make such investigations and inquiries of my personal, employment, driving, financial, medical, Drug and Alcohol Testing history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical, drug testing and alcohol testing history will be made only if and after a conditional offer of employment has been extended.). I hereby release former employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I further understand that any false or misleading information given in either my application or in interview(s) may result in discharge. I understand, also, that I will be required by **Central Alabama Asphalt and Construction LLC** to abide by all the rules and regulations of the company and any Federal/state agency. This includes all mandatory safety meetings/training meetings.

Applicant's Signature

Date

Central Alabama Asphalt and Construction LLC
Driver Safety Performance History
Records/Information Request Authorization (Page 1 of 3)

The Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391.23 require that information regarding my Safety Performance History be provided to prospective employers for the preceding three (3) years. This record is my official request for the documentation to be released on behalf of my prospective employer:

To: Previous Employer _____
Address _____
City, State & Zip _____
Contact Phone _____ Contact Fax _____

From: Applicant _____
Social Security Number _____
Address _____
City, State & Zip _____
Contact Phone Number _____

I request this information be requested in the manner identified below: (check one)

Send the Information to the address below within five (5) business days via **MAIL** _____

I, the driver applicant, will arrange to **PICK UP** the information within 30 days _____

Please **FAX** the information to the number provided below within five (5) business days _____

Information should be sent to the following:

Transportation Safety Services
27540 World Court, Suite A
Daphne, AL 36526
Phone: (251) 661-9700
Fax: (251) 661-9667

Signature of Applicant

Date

Central Alabama Asphalt and Construction LLC

Driver Safety Performance History

Information Request (Page 2 of 3)

In accordance with the requirements of the Federal Motor Carrier Safety Administration rules outlined in 49 CFR Part 391, 382, and 40, please provide the following information regarding my Safety Performance History.

Driver Name: _____

Dates of Employment: From _____ (MO/YR) To _____ (MO/YR)

Did applicant drive a commercial vehicle while employed by you? Yes or No (Circle one)

Type of vehicle driven: Straight Truck / Tractor-Semi-trailer / Other _____ (Circle one)

Type of trailer pulled: Vans / Reefer / Flatbed / Tanker/ Not applicable (circle one)

Length of Trailer pulled (if applicable) _____ (FT)

How many states did the applicant drive in? _____ (estimate)

Reason for leaving your employment: (Circle one or more, as appropriate)

Resignation

Lay Off

Military Duty

Voluntarily Quit

Violation of Company Policy

Discharge

Reason for discharge: _____

Is applicant eligible for rehire? Yes or No (circle one)

Please list all DOT Recordable Accidents (as defined in 49 CFR Part 390.15 (b) in a vehicle over 10,001 lbs in which the applicant was involved for a period of three (3) years back:

Date	Location	Type Of Accident	Injuries?	Fatalities?	Towed?

Drug and Alcohol History for Prior Three (3) Years

Please provide any information for the applicant while in your employ or that you have obtained from previous employers under the requirements of 49 CFR Part 391.

- Has applicant refused alcohol or drug testing required by DOT rules? Yes or No (circle one)
- Has applicant tested positive, adulterated, or substituted a drug testing specimen while employed by your Company? Yes or No (circle one)

Central Alabama Asphalt and Construction LLC
Driver Safety Performance History
Information Request (Page 3 of 3)

3. Has applicant had an alcohol test result of $>.04$ during your employ? Yes or No (*circle one*)
4. If yes to #2 or #3 above, was the applicant referred for SAP evaluation? Yes or No (*circle one*)
Do you know if SAP program has been successfully completed? Yes No Not Sure (*circle one*)
5. Has applicant committed other violations of DOT drug or alcohol testing rules of which you are aware? Yes or No (*circle one*)

You are hereby authorized to provide all information regarding my services, safety performance, drug and alcohol testing history, character and conduct to the entity authorized. You are released from any liability arising from the release of this information under the requirements of 49 CFR Part 391 that became effective 10/30/2004.

Signature of Applicant

Social Security Number

Date

Print Driver Name

Previous Employer Safety Performance History provided by:

Company Name _____

Address _____

City, State & Zip _____

Phone _____ Fax _____

Information provided by _____

(Please print name legibly)

I provided the above information was in the following manner: (*check one*)

I sent the information within five (5) business days of receipt via **MAIL** _____

I provided a copy of this information to the driver applicant who **PICKED UP** the information personally at our office _____

I **FAXED** the information within five (5) business days of receipt _____

Central Alabama Asphalt and Construction LLC
Driver Safety Performance History
Applicant Rights

The Federal Motor Carrier Safety Administration promulgated rules to change the driver background check verifications required in 49 CFR Part 391 effective October 30, 2004. Under the new requirements **Central Alabama Asphalt and Construction LLC** is required to contact your previous employers for three (3) years previous to the date of your application for employment to verify certain specific safety information and records.

The information we will be requesting will include personal work history, accident involvement history, and the drug and alcohol testing history that they have on record. We will be reviewing information related to the time you were employed with each previous employer, and any information compiled by them as they performed Driver Safety Performance History checks as well.

As an applicant for a driving position, you have certain specific rights relating to the information that **Central Alabama Asphalt and Construction LLC** receives from your previous employer. These rights include:

1. The right to review the information provided to **Central Alabama Asphalt and Construction LLC** by your previous employers, whether you listed the employers specifically on your application for employment or not.
2. The right to have any errors in the information provided to **Central Alabama Asphalt and Construction LLC** corrected by a previous employer and to request that they submit corrected information.
3. The right to have a rebuttal statement attached to alleged erroneous information in such instance that you are not in agreement with the information provided to **Central Alabama Asphalt and Construction LLC** by a previous employer.
4. The right to review the information within provided to **Central Alabama Asphalt and Construction LLC** within 30 days of employment (or within 30 days from the date that employment is denied based on information received) **Central Alabama Asphalt and Construction LLC** will provide such information to you upon receipt of your written request within five (5) business days.

I certify that I am a driver applicant and that I have read and understand my rights as prescribed by 49 CFR Part 391.

Driver's Signature

Date



TRANSPORTATION SAFETY SERVICES
 27540 World Court
 Daphne, Alabama 36526
 Phone: 251-661-9700

X Please Check the Following:	
<input type="checkbox"/>	MVR Only – For annual review or other
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	MVR - For New Hire – includes:
	SSN Check
	CDLIS Check
	Transportation Employment History w/ Drug Screen
	HAZMAT Package (MVR/SSN/CDLISS/DAC/Widescreen)

Employee MVR Request Consent

Employee Name: _____

Address: _____
Street

City *State* *Zip*

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Driver's License State: _____

Driver's Signature: _____

I certify that the above named employee is either a current employee or is a current applicant being considered for employment. In accordance with DOT's security requirements, I am requesting that the appropriate checks be run to ensure the above named individual is in compliance with the applicable requirements.

I certify that we have obtained the required permission from the above named employee to obtain this record.

Requesting Employer: **Central Alabama Asphalt and Construction Company, LLC**

Person Requesting: _____
Company Representative Signature

Fax this request to (251) 661-9667
(This is a secure fax line.)
EMAIL TO: leah@centralalabamaasphalt.com

*Central Alabama Asphalt and Construction Company, LLC
 3181 Fosters Ferry Road, 35401
 PO Box 20766 Tuscaloosa, AL 35402*

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirement in Part 383 applies 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 placards.

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 placards.

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 or 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 multiple licenses have 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 392.42 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 other than the one which issued your license). The notification to both the employer and 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 (Print): _____

Driver's Signature: _____ Date: _____

Notes: _____

PRECEDING 7 DAYS DRIVER DUTY STATUS

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)** _____

Type of License _____ **Restriction(s)** _____

DAY	1 (yesterday)	2	3	4	5	6	7	TO BE COMPLETED ONLY IF HIRED. DATE AND HOURS WORKED WILL BE COMPLETED AT THAT TIME.	
DATE									
HOURS WORKED									TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief.

Driver's Signature _____ **Date** _____

SIGN ONLY

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 non-motor carrier entity.

Are you currently working for another employer? **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** _____

SIGN ONLY

Company Representative Signature _____ **Date** _____

EMPLOYEE ALCOHOL AND DRUG STATEMENT

Section 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 Section 40.25(b) (5) and (e))

Central Alabama Asphalt and Construction LLC
3181 Fosters Ferry Road, Tuscaloosa, AL 35401
PO Box 20766, Tuscaloosa, AL 35402

Employee Name: _____

Social Security Number: _____

The employee is required by Section 40.25 to respond to the following question:

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 in the past two years?

Circle One: YES NO

Employee Signature: _____ Date: _____

Drug and Alcohol Testing Policy
Central Alabama Asphalt and Construction Company, LLC
3181 Fosters Ferry Road, Tuscaloosa, AL 35401
PO Box 20766, Tuscaloosa, AL 35402

This is the Company's official statement of drug and alcohol policy for all its Employees. Knowing how the use of these substances can affect the ability to operate a motor vehicle safely, we are implementing this policy to ensure that we are in compliance with the drug and alcohol testing requirements enacted by the DOT and listed in 49 CFR Parts 382 and 40. We are committed to provide a safe environment for each of our Employees and the motoring public.

To outline the DOT mandated situations under which you are required to be tested, we have listed the type of drug and alcohol tests that will be required of our Employees. These tests will be administered when the Employee is performing a safety sensitive function, generally defined as all time required to be logged as "on duty or driving" time on a Employee daily log. The tests will either be administered while such duties are being performed, just before they are to be performed, or just after these duties have been completed. "Just before" or "just after" is defined as no longer than one hour. The tests will be administered and processed in accordance with the requirements of 49 CFR Part 40.

PRE-EMPLOYMENT (Drug only) – All CDL Drivers will be expected to submit to a pre-hire/pre-use drug test, the results of which must be obtained before the CDL Driver can be utilized the first time. CDL Drivers failing this type of drug test are not qualified to be hired by the Company.

RANDOM (Drug and Alcohol) – All Employees will continually be subject to DOT random testing after hire and throughout employment with the Company. Testing administered will be spread throughout the year and unannounced, selected by a scientifically valid method from a pool of all CDL Drivers. The Company (or its designee) will administer enough tests to the CDL Driver pool to ensure compliance with the minimum DOT requirements.

POST-ACCIDENT (Drug and Alcohol) – After any Employee is involved in an accident, the Company reserves the right to administer a drug test to each involved Employee, without regard to fault, within 32 hours of the time the crash occurred. An alcohol test will also be obtained within eight hours of an accident, preferably in the first two hours.

REASONABLE SUSPICION (Drug and Alcohol) – At any time the Company management notices indications of the use of drugs or abuse of alcohol by one of its CDL Drivers or Employees, which are contemporaneous and able to be articulated, the Employee will be required to submit for testing.

WHAT IS A SAFETY-SENSITIVE FUNCTION? Safety-sensitive function means all time from the time a CDL Driver or Employee begins to work or is required to be in readiness to work until the time he or she is relieved from work and all responsibilities for performing work.

SAFETY-SENSITIVE FUNCTIONS INCLUDE: All time at an Employer or shipper plant, terminal, facility, or other property, or on a public property, waiting to be dispatched, unless the CDL Driver has been relieved from duty by the Employer; All time inspecting equipment as required by Sec. 392.7 and Sec. 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time; All time spent at the driving controls of a commercial motor vehicle in operation; All time other than the driving time, in or upon any commercial motor vehicle except time resting in a sleeper berth; All time loading or unloading a commercial motor vehicle; supervising or assisting in the loading or unloading; attending a commercial motor vehicle being loaded or unloaded; remaining in readiness to operate the commercial motor vehicle; or in giving or receiving receipts for shipments loaded or unloaded; and All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle.

All CDL Drivers who are required to possess a commercial Driver's License, or CDL, under the requirement of 49 CFR Part 383, are required to be tested for the presence of drug and alcohol. Upon notification of a required test, the CDL Driver **shall proceed immediately to the testing facility**. Failure to do so will be considered a refusal to submit to testing, which DOT treats the same as a POSITIVE test result.

There are significant consequences for submitting a test reported back as "POSITIVE" for drugs or alcohol, or refusing to be tested when required. Consequences for this type result are termination of employment, referral to a substance use evaluation facility, and release of the testing information to subsequent employers requesting such. Though DOT does not require termination of employment violations of Part 382, most employers choose to sever ties with the violating CDL Driver or Employee. DOT does require that Employee be evaluated and receive treatment (as suggested by a substance professional) for substance problems. We are also required to release this information to your subsequent employers that request it of us.

Record keeping for drug and alcohol testing issues is typically maintained for a period of five (5) years, as required by the USDOT. If we are requested by another Employer, to provide drug or alcohol testing information for a current or former Employee of the Company, records for the two (2) years previous to application for employment with the other Employer will be provided, upon presentation of CDL Drivers release for such information. This is in compliance with the requirements of 49 CFR parts 382.

(Continued on next page)

Drug and Alcohol Testing Policy
Central Alabama Asphalt and Construction Company, LLC
3181 Fosters Ferry Road, Tuscaloosa, AL 35401
PO Box 20766, Tuscaloosa, AL 35402

The use of drugs and alcohol can have a significant impact on your health as our Employee and on the safety of the motoring public. As a responsible member of the public using our nation's highways, we will implement this policy as we strive to maximize the safety of our highways. If any questions regarding this policy arise, please do not hesitate to contact me for clarification.

The following personal information shall be reported to the Clearinghouse: 1. A verified positive, adulterated, or substituted drug test result; 2. An alcohol confirmation test with a concentration of 0.04 or higher; 3. A refusal to submit to any required test outlined above; 4. An employer's report of actual knowledge of a) On duty alcohol use, b) Pre-duty alcohol use, c) Alcohol use following an accident, d) Controlled substance use; 5. A substance abuse professional (SAP) report of the successful completion of the return-to-duty process; 6. A negative return-to-duty test; and 7. An employer's report of completion of follow-up testing.

382.601 (b)(1) MARCUS BARR is the designated employment representative to answer questions for Central Alabama Asphalt and Construction Company, LLC as part of our continuing policy to ensure fair and equal treatment of our CDL Drivers, we understand that there may be questions and concerns involving our controlled substance and alcohol testing programs. To assist our CDL Drivers in understanding the requirements placed on both the CDL Drivers and the Company please call 205 349-0910.

I have reviewed this copy and understand its consequences. My signature below also represents that I have been notified that the type of tests, listed above, will periodically be required of me.

(Employee Name)

(Employee Signature)

(Date)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
		<input type="text"/> - <input type="text"/> - <input type="text"/>				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State
			ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Driver's License		Document Title Social Security Card
Issuing Authority		Issuing Authority Alabama		Issuing Authority Social Security Administration
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative <i>Leah P. Sutton</i>		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative Office Manager	
Last Name of Employer or Authorized Representative Sutton	First Name of Employer or Authorized Representative Leah	Employer's Business or Organization Name Central Alabama Asphalt & Construction Company, LLC		
Employer's Business or Organization Address (Street Number and Name) 3181 Fosters Ferry Road		City or Town Tuscaloosa	State AL	ZIP Code 35401

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) _____ **Date** _____

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
			20-3975973



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

Central Alabama Asphalt & Construction, Co., LLC 20-3975973

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

P. O. Box 20766 Tuscaloosa AL 35402

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

DIRECT DEPOSIT AUTHORIZATION

SHOULD YOU DECIDE TO PARTICIPATE, THIS FORM MUST BE TURNED IN BY MONDAY IN ORDER TO PROCESS YOUR PAYCHECK NEXT WEEK.

Please print and complete ALL the information below.

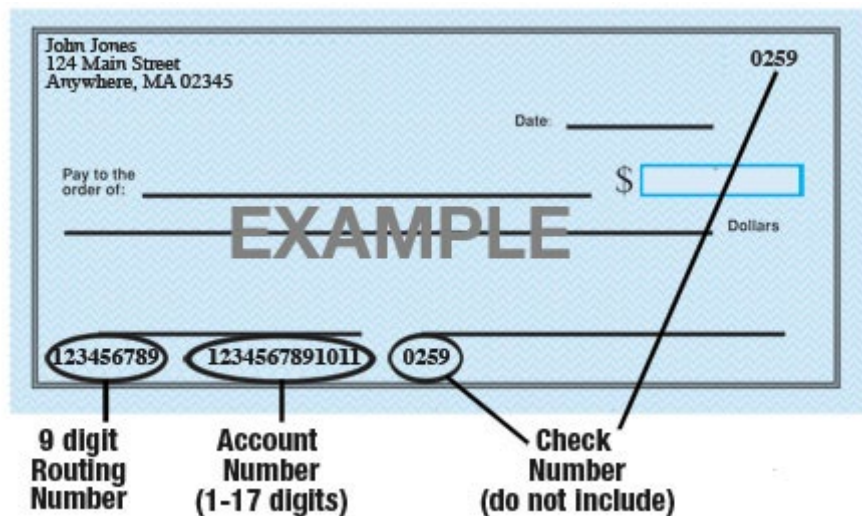
Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____
(email address is needed to receive copy of check stub)

Phone #: _____



Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

ATTACH A VOIDED CHECK OR DEPOSIT TICKET FOR EACH BANK ACCOUNT TO WHICH FUNDS SHOULD BE DEPOSITED. IF A VOIDED CHECK OR DEPOSIT TICKET IS NOT ATTACHED, CENTRAL ALABAMA ASPHALT WILL NOT BE RESPONSIBLE IF FUNDS ARE DEPOSITED INTO INCORRECT ACCOUNT.

CENTRAL ALABAMA ASPHALT & CONSTRUCTION COMPANY, LLC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____ Date: _____

