

24.06.25

CAA TO COMPLETE

MVR ORDERED: \_\_\_\_\_

Approved for Insurance:

YES

NO



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

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

Please Circle Position Applying for:

Crew

CDL Driver

## CENTRAL ALABAMA ASPHALT & CONSTRUCTION COMPANY, LLC

### EMPLOYEE APPLICATION

- 1) Use **Current Date** for **ALL** Documents.
- 2) **MUST LEAVE** A COPY OF THE FOLLOWING.
  - a) **DRIVER'S LICENSE**
  - b) **SOCIAL SECURITY CARD**
  - c) **US CITIZENSHIP OR IMMIGRATION STATUS**

If applying for a CDL Driver position, you must also leave a copy of your **MEDICAL CERTIFICATION CARD** and be ready to approve Clearinghouse pre-employment query if hired.

**IF HIRED, ADDITIONAL DOCUMENTS MUST BE COMPLETED  
IN ORDER TO RECEIVE A PAYCHECK.**

PAST JOBS, NAMES AND DATES:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

FEEL FREE TO ADD ANY ADDITIONAL INFORMATION REGARDING YOUR QUALIFICATIONS  
FOR THE POSITION YOU ARE APPLYING FOR:

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**MUST BE COMPLETED IN FULL**



**CENTRAL ALABAMA ASPHALT  
& CONSTRUCTION COMPANY, LLC**

Who Referred: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Who Hired: \_\_\_\_\_  
Date Hired: \_\_\_\_\_

**PLEASE PRINT**

Name:					Date:			
Home Address:								
City:				State:			Zip:	
Home Phone #:	( )		Cell #:	( )				
Personal Email					Date of Birth			
CAA Email: (if applicable)	@centralalabamaasphalt.com							
Marital Status:	M	S	Significant Other Name:					
SO Email:					Phone:	( )		

**EMERGENCY CONTACT INFO**

Name 1:					Relationship:			
Home #:	( )		Cell #:	( )				
Address				City			ST	Zip
Work #:	( )		Employer:					

Name 2:					Relationship:			
Home #:	( )		Cell #:	( )				
Address				City			ST	Zip
Work #:	( )		Employer:					

I have voluntarily provided the above contact information and authorize Central Alabama Asphalt and its representatives to contact any of the above on my behalf in the event of an emergency.

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

Which languages do you speak fluently? \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO**

**DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? YES NO**

**WHAT POSITION ARE YOU APPLYING FOR?** \_\_\_\_\_

**Skills that qualify you for this position:** \_\_\_\_\_

\_\_\_\_\_

**THE FEDERAL FAIR CREDIT REPORTING ACT  
CONSUMER REPORT  
AUTHORIZATION FORM**

Central Alabama Asphalt & Construction Company, LLC

(Company Name)

We are required to advise you of the following and obtain your written authorization prior to obtaining your consumer report.

In consideration given to employ, promote, further your employment in our company, we may be required to order and base decisions on consumer reports. Such reports would be obtained from various consumer reporting agencies. Information will be applicable to Motor Vehicle Reports (MVR's) and driving history. Should adverse employment decisions be made based on this consumer report, you will be notified. Should you seek to review this information, a copy may be obtained through your local Police Department or the Alabama Department of Public Safety.

**AUTHORIZATION TO OBTAIN CONSUMER REPORT**

I have read the Company's disclosure and understand that a consumer report may be relied upon in considering my application for employment, continuing employment or promotion. I authorize the Company to obtain such a consumer report at this time and at any time in the future that I am employed by the Company.

*During the five years preceding the date of this application, have you:* *(Please circle your answers)*

1. Had your driver's license suspended or revoked?	<b>YES</b>	<b>NO</b>	
2. Been cited for driving a vehicle under the influence of alcohol or drugs?	<b>YES</b>	<b>NO</b>	

**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.

Date: _____	Employee Name (print) _____
Date of Birth: _____	Employee Signature: _____
Driver's License Number: _____	Social Security Number: _____
Address: _____	State Licensed In: _____



**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"/>	MVR - For New Hire – includes:
<input type="checkbox"/>	SSN Check
<input type="checkbox"/>	CDLIS Check
<input type="checkbox"/>	Transportation Employment History w/ Drug Screen
<input type="checkbox"/>	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 LLC**

Person Requesting: \_\_\_\_\_  
*Company Representative Signature*

**Fax this request to (251) 661-9667**  
*(This is a secure fax line.)*