



# DRIVER'S APPLICATION

Asphalt Transport Inc. (ATI)  
17311 Market St • Channelview, TX 77530  
(281) 452-7070

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## **Authorization** (Sign and Date Below)

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer has been extended.) **I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in discharge.** I understand, also, that I am required to abide by all rules and regulations of Asphalt Transport Inc. (ATI). I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Personal Information:** Please print CLEARLY. Please list all addresses for the past 3 years.

LAST NAME *APELLIDO*

FIRST NAME *NOMBRE*

MI

STREET ADDRESS *DIRECCION*

CITY *CIUDAD*

STATE

ZIP

( )

EMAIL ADDRESS

CELL PHONE *TELEFONO*

SOCIAL SECURITY *SEGURO SOCIAL*

DATE OF BIRTH *FECHA DE NACIMIENTO*

LICENSE NUMBER

STATE

CLASS

EXPIRATION DATE

CDL

**DRIVING EXPERIENCE**

	Type of Equipment <i>Tipo de Equipo</i>	Years of experience <i>Años de Experiencia</i>	Miles driven <i>Millas Manejadas</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**ACCIDENT RECORD** *(Previous three years) ACCIDENTES*

	Accident Dates	Type of Accident	Fatalities	Injuries
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**TRAFFIC CONVICTIONS** *(Previous three years) CITACIONES*

**(Excluding parking violations)**

	Location	Date	Charge
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**LICENSE AND CRIMINAL BACKGROUND**

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

[ ] YES [ ] NO

B. Has any license, permit or privilege ever been suspended or revoked?

[ ] YES [ ] NO

IF THE ANSWER TO EITHER "A" OR "B" IS YES, GIVE DETAILS:

\_\_\_\_\_

Have you ever been arrested and/or convicted of a misdemeanor or felony?

[ ] YES [ ] NO

If yes, explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_



**PREVIOUS EMPLOYMENT**

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

**LIST ALL EMPLOYMENT FOR LAST 10 YEARS** -- PLEASE ACCOUNT FOR ALL TIME.

Present or Last Employer: *Empleado (Presente)*

Name of Company:

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed? [ ] YES [ ] NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? [ ] YES [ ] NO

Employer: *Empleado*

Name of Company:

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed? [ ] YES [ ] NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? [ ] YES [ ] NO

Employer: *Empleado*

Name of Company:

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed? [ ] YES [ ] NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? [ ] YES [ ] NO

Employer: *Empleado*

Name of Company:

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Trailer: \_\_\_\_\_

Were you subject to the FMCSRs+ While employed? [ ] YES [ ] NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? [ ] YES [ ] NO

**Employer:** *Empleado*

**Name of Company:**

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State & Zip Code:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?**  YES  NO

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?**  YES  NO

**Employer:** *Empleado*

**Name of Company:**

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State & Zip Code:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?**  YES  NO

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?**  YES  NO

**Employer:** *Empleado*

**Name of Company:**

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State & Zip Code:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Type of Trailer:** \_\_\_\_\_

**Were you subject to the FMCSRs+ While employed?**  YES  NO

**Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40?**  YES  NO

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size of vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

**X** \_\_\_\_\_  
**Signature of Applicant** *Firma* **Date** *Fecha*

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

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE Online Service**

In connection with your application for employment with Prospective Employer, Asphalt Transport Inc (ATI), the 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 base 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 if 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 of 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 give permission to ("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 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 and 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.

*Last Updated 12/22/2015*

Request for Information From Previous Employer

**ASPHALT TRANSPORT INC.  
17311 MARKET STREET  
HOUSTON. TX 77530**

Phone: (281) 864-5603 Fax: (281) 247-8051

**Applicant: Please Leave Following Section Blank**

Attention: Previous Employer ( \_\_\_\_\_ )

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

From: ASPHALT TRANSPORT INC.

**Applicant: Complete below section ONLY**

I hereby authorize you to release the following information to ASPHALT TRANSPORT INC. for purposes of investigation as required by below regulations. You are hereby released from any liability, which may result from furnishing such information.

**Applicant Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Applicant Printed Name:**

\_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

Part 391

**QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS**

**§ 391.23: Investigation and inquiries.**

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations to and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(a)(2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

(c)(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(c)(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at § 386.12 of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.

# ***FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT***

**In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on your for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.**

De acuerdo con las provisiones de la Seccion 604 (b) (2) (A) del Acto Justo de la Cobertura del Credito, la Ley Publica 91-508, como enmendado por el Credito al consumidor que informa el Acto de 1996 (Titula II, Subtitulo D, el Capitulo I, de la Ley Publica 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propositos de arrendamiento contrato. Estos informes son requeridos por Secciones 382.413, 391.23, y 391.25, de las Regulaciones Federales de la Seguridad the Transporte Automotriz.

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**Applicant's Signature** *Firma*

**Date** *Fecha*

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**Print Name** *Nombre*

**Social Security Number** *Seguro Social*

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