

# **ATTENTION CDL DRIVERS**

## **The DOT Drug & Alcohol Clearing House Database Is effective Jan 6<sup>th</sup> 2020**

If you are a CDL Driver and applying for a position you will need to be registered with the FMCSA D&A Clearing House website and have an account set up in your name in order for potential employers to verify your Drug and Alcohol history. This Clearing House background check is mandated by the FMCSA to all employers to be performed before hiring any applicants for a driving position and once employed Annual background checks of D&A are required as well. This account is free. To set up your account you are required to go to:

[Clearinghouse.fmcsa.dot.gov](https://clearinghouse.fmcsa.dot.gov)

and create an account as “Driver”. You will be required to enter your email to set up an account and choose method of contact to receive notifications from the FMCSA of any information is added, removed or revised.

Please note if you are not registered in the FMCSA Clearing House you can not be offered a position. Please take this form with you to have access to the website if you are not already registered.

## Employment Application for Drivers

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, veteran status, non-job related disability, or any other protected group status.

(please print)

Date of Application: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Location preferred (circle one): Tuscaloosa Woodstock Brent Bessemer DSG Muscle Shoals

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(required for commercial drivers)

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_ How Long? \_\_\_\_\_  
City State Zip Code Yr./Mo.

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code Yr./Mo.

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Code Yr./Mo.

Emergency Contact: \_\_\_\_\_  
Name Relationship  
(\_\_\_\_) (\_\_\_\_) (\_\_\_\_)  
Home Phone Mobile Phone Work Phone

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company: \_\_\_\_\_  
(answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as per job description)? \_\_\_\_\_ If yes, explain on a separate sheet of paper.

## Employment History

All driver applicants to drive in interstate 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 additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order, starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:      ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:      ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:      ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:      ZIP:	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

EMPLOYER		DATES	
NAME:		FROM: MO.      YR.	TO: MO.      YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NUMBER:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING:	

**EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)**

GRAMMAR SCHOOL: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_

NAME

LOCATION

**EXPERIENCE AND QUALIFICATIONS —DRIVER**

ACCIDENT RECORD FOR THE PAST 5 YEARS OR MORE ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE 'NONE' IN SPACE BELOW.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST **5 YEARS** (OTHER THAN PARKING VIOLATIONS) ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE 'NONE' IN SPACE BELOW.

LOCATION	DATE	CHARGES	PENALTY

DRIVER LICENCES	STATE	LICENCE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? (circle one)      YES      NO

B. Has any license, permit, or privilege ever been suspended or revoked? (circle one)      YES      NO

If the answer to either A or B is 'yes', give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**DRIVING EXPERIENCE.** IF NONE, WRITE 'NONE' IN SPACE BELOW.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS —OTHER**

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH OTHER THAN THOSE ALREADY SHOWN:

**TO BE READ AND SIGNED BY APPLICANT**

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. 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 an employment decision. (Generally, inquiries regarding medical history will be made only and after a conditional offer of employment 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. In event of employment, 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 the Company.

\_\_\_\_\_  
Date

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

## MOTOR VEHICLE REPORT REQUEST FORM

My name is \_\_\_\_\_ . I am either an employee or a  
perspective employee of Bama Concrete Products, Inc. / Bama Concrete Birmingham / Davis  
Sand and Gravel /or Davis Hauling, LLC. My date of birth is \_\_\_\_\_  
My Driver's License Number is \_\_\_\_\_ in the state of \_\_\_\_\_  
My Social Security Number is \_\_\_\_\_ . I have had my CDL for \_\_\_\_\_ years.

I hereby authorize Bama Concrete Products, Inc. / Bama Concrete Birmingham/ Davis Sand and Gravel/ or Davis Hauling, LLC to obtain my Motor Vehicle Report. I understand that insurance companies use the Motor Vehicle Report to determine whether or not a driver is suitable to operate a company-issued vehicle. By signing this letter, I hereby authorize Bama Concrete Products, Inc. / Bama Concrete Birmingham/ Davis Sand and Gravel/ or Davis Hauling LLC to obtain this Motor Vehicle Report and share the information with the insurance company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

## DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor 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 in to 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.

I, \_\_\_\_\_, hereby authorize

(Driver's printed name)

\_\_\_\_\_  
(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This 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's Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_



## UNIFORMS

I, \_\_\_\_\_, understand that 3 months (90 days) after employment with Bama Concrete Products, Inc. / BCI- Ready Mix / Davis Sand and Gravel / or Davis Hauling, LLC I am required to obtain and wear uniforms. These uniforms will be payroll deducted each week from my pay check.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## MEDICAL EXAM AND DRUG SCREEN

I, \_\_\_\_\_, understand that I will have to pay all expenses for any medical exam and drug screen (test) performed by Bama Concrete's company doctor if I quit, leave, or am terminated within a three (3) month period from my hire date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

**ACKNOWLEDGMENT OF RECEIPT OF BAMA CONCRETE PRODUCTS EMPLOYEE HANDBOOK AND EMPLOYMENT AT-WILL STATUS**

I have received a copy of Bama Concrete Products Company's *Employee Handbook* this date. I understand that Bama Concrete's *Employee Handbook* was prepared for informational purposes only and describes in general terms the policies of Bama Concrete and my responsibilities as an employee of Bama Concrete.

I understand that the information contained in the Bama Concrete *Employee Handbook* is intended to serve only as a broad statement of Bama Concrete policy and that the policies set forth in the *Employee Handbook* are subject to addition, modification, or deletion at any time, at the discretion of Bama Concrete. I understand that all fringe benefit programs and plans may be amended or terminated by Bama Concrete in its discretion, without prior notice.

I further recognize that nothing contained in the *Employee Handbook* is part of the employment relationship between Bama Concrete and any of its employees. I understand that my relationship with Bama Concrete is that of an **employee-at-will**, meaning that I am not employed for any specific duration of time and that my employment may be terminated by me or by Bama Concrete at any time for any reason. This *Employee Handbook* and the policies contained therein are guidelines only and do not in any way constitute, and should not be construed as, a contract of employment between Bama Concrete and me.

I further understand that no agent or representative of Bama Concrete, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and any such agreement to the contrary must be in a written agreement signed by the President of Bama Concrete and me.

I understand that, as a condition of my employment and continued employment, I may be required, from time to time, as allowed under state law, to submit specimens of blood, urine, or other bodily fluids for testing to determine the presence of alcohol and controlled substances. I hereby authorize and consent to such testing and authorize the testing agency to release the results of any such tests to Bama Concrete or its designees. I understand that if I fail to furnish the appropriate samples, as allowed under state law, when and as requested I will be subject to immediate termination.

I further understand that personal items brought onto Bama Concrete property, including lunch boxes, purses, and packages, are subject to searches at any time. I understand that my work area, vehicle, and locker are subject to search at any time. I consent to such search and agree to cooperate with Bama Concrete if requested. Failure to cooperate in Bama Concrete's authorized search shall be grounds for my immediate termination.

AGREED UPON AND ACCEPTED

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Please Print or Type Name)

Dated: \_\_\_\_\_

**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 \_\_\_\_\_ (“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 \_\_\_\_\_ (“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.

LAST UPDATED 12/22/2015

**PROCESS RECORD**

APPLICANT HIRED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ POINT EMPLOYED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_

**TRANSFERS**

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	
FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER: _____		REASON FOR TRANSFER: _____	

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

REASON FOR TERMINATION: \_\_\_\_\_