

## CDL EMPLOYMENT APPLICATION

- All information obtained within this application will be held in strict confidence, subject to applicable law
- Please print clearly and complete all applicable sections and sign the last page
- Turner Asphalt participates in E-Verify

**Turner Asphalt prides itself on being an Equal Opportunity Employer. We will not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, veteran status, genetic traits or any other characteristic protected by law.**

**1**

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

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

Primary Telephone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Alt. Telephone: (    ) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Are you legally entitled to work in the US? \_\_\_\_\_

Last 4 digits of Soc Sec. #: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Date you are available for employment: \_\_\_\_\_

Wage or salary desired: \_\_\_\_\_

Have you worked for Turner Asphalt in the past? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

**2**

### EDUCATION & DRIVING EXPERIENCE

Highest level of education completed: (circle one)

K 1 2 3 4 5 6 7 8 9 10 11 12 / Some College / Associates / Bachelors / Masters / PhD

Name of educational institution (include City & State): \_\_\_\_\_

| Vehicle                      | Make/Model | Date From: | Date To: | Number of Miles |
|------------------------------|------------|------------|----------|-----------------|
| Straight Truck               |            |            |          |                 |
| Tractor and Semi-Trailer     |            |            |          |                 |
| Tractor w/Doubles or Triples |            |            |          |                 |
| Other                        |            |            |          |                 |

Office Use Only

## 3a

List below your employers for the last 10 YEARS, starting with the most recent:

|  |   |           |
|--|---|-----------|
| Employer's Name:   | Start Date :  | End Date: |
| City: State:   | Pay- Start:   | Pay-End:  |
| Reason for Leaving:  | Telephone: ( )  |           |
| Supervisor's Name:   | Fax: ( )  |           |
| Position(s) Held:  |   |           |
| Duties:  |   |           |
| Was this Position FMCSA Regulated?                         | Were you in an Active Drug & Alcohol testing program? |           |
| May we contact this employer? (If not, state brief reason) |   |           |

## 3b

|  |   |           |
|--|---|-----------|
| Employer's Name:   | Start Date:   | End Date: |
| City: State:   | Pay- Start:   | Pay-End:  |
| Reason for Leaving:  | Telephone: ( )  |           |
| Supervisor's Name:   | Fax: ( )  |           |
| Position(s) Held:  |   |           |
| Duties:  |   |           |
| Was this Position FMCSA Regulated?                         | Were you in an Active Drug & Alcohol testing program? |           |
| May we contact this employer? (If not, state brief reason) |   |           |

## 3c

|  |   |           |
|--|---|-----------|
| Employer's Name:   | Start Date:   | End Date: |
| City: State:   | Pay-Start:  | Pay-End:  |
| Reason for Leaving:  | Telephone: ( )  |           |
| Supervisor's Name:   | Fax: ( )  |           |
| Position(s) Held:  |   |           |
| Duties:  |   |           |
| Was this Position FMCSA Regulated?                         | Were you in an Active Drug & Alcohol testing program? |           |
| May we contact this employer? (If not, state brief reason) |   |           |

Office Use Only

## 3d

### 10 Year employment history continued:

|  |   |           |
|--|---|-----------|
| Employer's Name:   | Start Date :  | End Date: |
| City: State:   | Pay- Start:   | Pay-End:  |
| Reason for Leaving:  | Telephone: ( )  |           |
| Supervisor's Name:   | Fax: ( )  |           |
| Position(s) Held:  |   |           |
| Duties:  |   |           |
| Was this Position FMCSA Regulated?                         | Were you in an Active Drug & Alcohol testing program? |           |
| May we contact this employer? (If not, state brief reason) |   |           |

## 3e

|  |   |          |
|--|---|----------|
| Employer's Name:   | Start Date:   | End Date |
| City: State:   | Pay- Start:   | Pay-End: |
| Reason for Leaving:  | Telephone: ( )  |          |
| Supervisor's Name:   | Fax: ( )  |          |
| Position(s) Held:  |   |          |
| Duties:  |   |          |
| Was this Position FMCSA Regulated?                         | Were you in an Active Drug & Alcohol testing program? |          |
| May we contact this employer? (If not, state brief reason) |   |          |

## 3f

|  |   |           |
|--|---|-----------|
| Employer's Name:   | Start Date:   | End Date: |
| City: State:   | Pay-Start:  | Pay-End:  |
| Reason for Leaving:  | Telephone: ( )  |           |
| Supervisor's Name:   | Fax: ( )  |           |
| Position(s) Held:  |   |           |
| Duties:  |   |           |
| Was this Position FMCSA Regulated?                         | Were you in an Active Drug & Alcohol testing program? |           |
| May we contact this employer? (If not, state brief reason) |   |           |

Office Use Only

**4**

Are you related by blood or marriage to any person now working for Turner Asphalt? \_\_\_\_\_

If yes, please provide each person's name:

\_\_\_\_\_

**5**

False information given or implied on an application form is grounds for immediate dismissal without further notice.

In answering these questions do not list expunged or sealed records. A 'yes' answer to any of these questions does not disqualify you from consideration; the time frame, relevancy and the job for which you are applying for will be taken into consideration. \*\*

Check Yes or No for each question:

Have you been convicted of a crime in the last ten (10) years? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_ No \_\_\_

Are you currently a fugitive from justice? Yes \_\_\_ No \_\_\_

Do you have any pending charge(s) for a misdemeanor or felony offense? Yes \_\_\_ No \_\_\_

Do you have a pending charge or past conviction for driving while intoxicated? Yes \_\_\_ No \_\_\_

Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Have you ever been refused auto liability insurance? Yes \_\_\_ No \_\_\_

\*\*For any yes response(s) above provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Record For Past 3 Years: If None, Write None.**

| Dates | Nature of Accident | Fatalities | Injuries |
|-------|--------------------|------------|----------|
|       |                    |            |          |
|       |                    |            |          |
|       |                    |            |          |

Office Use Only

## 6

### Driver's License Information:

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

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

License# \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**\*\*\*Note: If selected for an interview, you are required to present a copy of your driving record that is less than 4 weeks old. After being hired, a copy of this driving record will be placed into your personnel file and an annual update will be required.\*\*\***

## 7

### Applicant Acknowledgement

I hereby state that all information provided is accurate and maybe verified by you. I agree that I may be discharged if Turner Asphalt at any time learns of falsification or material omission in the information provided on this application form and related documents. Turner Asphalt may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information that they may have relevant to my employment with them. I hereby release Turner Asphalt, its affiliates, successors, and assignees, and all references from any liability that might be claimed because of information provided by such references.

I \_\_\_\_\_ hereby give Turner Asphalt, Inc. and their Insurance Agency, as their agent, permission to obtain a motor vehicle report and release the information to Turner Asphalt, Inc. for employment purposes.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Turner Asphalt reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

**\*\*Note: Steel Toe or composite safety shoes are required for all project manager, field work, truck driver and maintenance positions\*\***

Applicant Signature: \_\_\_\_\_

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

**NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

**Note:** Additional personal information will be required to complete employment forms after being hired.

Thank you for showing an interest in pursuing a career with Turner Asphalt!

## CDL Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must 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.

**Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

### ***Rights***

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

### ***To Be Read and Signed By Applicant***

This certifies that I completed this application, 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 inquire 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 if 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 connections with my application. In the 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.

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
*Date*

## **Pre-Employment Urinalysis Consent Form**

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver\applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

**I understand the above conditions and hereby agree to comply with them.**

---

*Signature of Driver*

---

*Print Name*

---

*Date*

**Notice to Drivers:**  
**DOT Required Split Sample Testing**

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

Should you request that the second bottle be tested; you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab, and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost \$225.00.

I've read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

---

*Signature of Driver*

---

*Print Name*

---

*Date*



## ***Rights***

Pursuant to 49CFR, part 391.23(i), you have the following rights regarding investigative information.

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

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***Signature***

---

***Print Name***

---

***Date***



# Turner Asphalt Employment Verification

Use this form to provide more information regarding the selected candidate being considered.  
 Please return this form to our HR Coordinator by **Secure Fax:** 919-924-0095,  
**Email:** [KStaten@turnerasphalt.com](mailto:KStaten@turnerasphalt.com) , or **Mail:** 5805 Lease Lane, Raleigh NC 27617

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_

APPLICANT RELEASE AND CONSENT: I, \_\_\_\_\_ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

\_\_\_\_\_  
 Applicant Signature / Date

\_\_\_\_\_  
 Witness Signature / Date

Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Why did this employee leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_  
 Would you rehire this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

Was this position under FMCSA regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Did he/she Drive a motor Vehicle for you company? (circle all that apply)

Lowboy      Dump Truck      Bus      Tractor-Semi Trailer      Other

If Yes, was the vehicle automatic or manual? \_\_\_\_\_

**Department of Transportation regulations (40 CFR, Part 40.25 (h) require that you provide the following information:**

### Three-Year Accident History

| Date | City/State | # Injuries | # Fatalities | Hazmat? | Preventable? |
|------|------------|------------|--------------|---------|--------------|
|      |            |            |              |         |              |
|      |            |            |              |         |              |

In the past three years, has the individual listed below ever:      YES      NO

Had a verified positive drug test result?      \_\_\_\_\_      \_\_\_\_\_

Had an alcohol test result with a breath alcohol concentration of .04 or greater?      \_\_\_\_\_      \_\_\_\_\_

Refused to submit to an alcohol or drug test?      \_\_\_\_\_      \_\_\_\_\_

Had any other violations of DOT agency drug and alcohol testing regulations?      \_\_\_\_\_      \_\_\_\_\_

If any of the above questions were answered yes, please provide the following:

\_\_\_\_\_  
 Substance Abuse Professional      Telephone      Date Referred

\_\_\_\_\_  
 Address      City      State      Zip

Completed By (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_



# Turner Asphalt Employment Verification

Use this form to provide more information regarding the selected candidate being considered.  
 Please return this form to our HR Coordinator by **Secure Fax:** 919-924-0095,  
**Email:** [KStaten@turnerasphalt.com](mailto:KStaten@turnerasphalt.com) , or **Mail:** 5805 Lease Lane, Raleigh NC 27617

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_

APPLICANT RELEASE AND CONSENT: I, \_\_\_\_\_ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named employer in connection with my application for employment. I release my former employers from any and all liability of any type as a result of providing the above information.

\_\_\_\_\_  
**Applicant Signature** **Date**

Previous Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Why did this employee leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_

Please Rate the Applicant's Performance By Checking the Appropriate Box:

|                            | BELOW | MET | EXCEED |
|----------------------------|-------|-----|--------|
| ATTENDANCE                 |       |     |        |
| COMMUNICATION SKILLS       |       |     |        |
| QUALITY OF WORK            |       |     |        |
| TEAM PLAYER                |       |     |        |
| INITIATIVE/MOTIVATION      |       |     |        |
| EFFICIENCY/TIME MANAGEMENT |       |     |        |
| WORKING KNOWLEDGE          |       |     |        |

Would you rehire this person? Yes      No

Is the applicant under internal investigation? Yes      No

Is the applicant's last performance or conduct under review? Yes      No

Does the applicant have any disciplinary actions or outstanding issues we should be aware of prior to hiring them? Yes      No

Please use this space to explain any of the above answers. Also please provide any additional information about the candidate that would relate to his/her overall work performance and qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_



## Disclosure And Authorization For Consumer Reports

### Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with \_\_\_\_\_, at \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

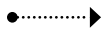
### **This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

### **California, Minnesota and Oklahoma Residents:**

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



|                             |
|-----------------------------|
| _____<br>Applicant Initials |
|-----------------------------|

**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**Washington Applicants:**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

**Please complete all of the fields below:**

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

|  |               |  |
|--|---------------|--|
| <b>Last Name:</b>                        | <b>First:</b> | <b>Middle:</b><br>Please check box if you do not have a middle name. |
| <b>Social Security #:</b>                |               | <b>Date of Birth:</b>  |
| <b>Email:</b> (This is a required Field) |               |  |
| <b>Current Address:</b>                  |               | <b>Previous Address:</b>   |
| Street:                                  |               | Street:  |
| Apt or Unit #:                           |               | Apt or Unit #:   |
| City:                                    | State:        | Zip:   |
| City:                                    | State:        | Zip:   |
| <b>Drivers Lic. #:</b>                   |               | <b>State Issuing:</b>  |
| <b>Former Name/Alias:</b>                |               |  |
|  |               |  |
|  |               |  |

X \_\_\_\_\_  
Applicant Signature

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

Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

Applicant Copy

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| TYPE OF BUSINESS:   | CONTACT:   |
|---|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.<br/>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>  | <p>a. Bureau of Consumer Financial Protection<br/>1700 G Street NW<br/>Washington, DC 20006<br/>b. Federal Trade Commission: Consumer Response Center - FCRA<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br/>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act<br/>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br/>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050<br/>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480<br/>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106<br/>d. National Credit Union Administration<br/>Office of Consumer Protection (OCP)<br/>Division of Consumer Compliance and Outreach (DCCO)<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>  | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Department of Transportation<br/>400 Seventh Street SW<br/>Washington, DC 20590</p>  |
| <p>4. Creditors Subject to Surface Transportation Board</p>   | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>1925 K Street NW<br/>Washington, DC 20423</p>  |
| <p>5. Creditors Subject to Packers and Stockyards Act</p>   | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>406 Third Street, SW, 8th Floor<br/>Washington, DC 20416</p>  |
| <p>6. Small Business Investment Companies</p>   | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>406 Third Street, SW, 8th Floor<br/>Washington, DC 20416</p>  |
| <p>7. Brokers and Dealers</p>   | <p>Securities and Exchange Commission<br/>100 F St NE Washington,<br/>DC 20549</p>   |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>   | <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>  | <p>FTC Regional Office for region in which the creditor operates or<br/>Federal Trade Commission: Consumer Response Center - FCRA<br/>Washington, DC 20580<br/>(877) 382-4357</p>  |

**Applicant Copy**

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature – All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_



For Employer's Use Only

Employer's name Telephone no. EIN

Street address

City or town, state, and ZIP code

Person to contact, if different from above Telephone no.

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min. Learning about the law or the form . . . 24 min. Preparing and sending this form to the SWA . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Internal Revenue Service Tax Forms and Publications 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

# TURNER

ASPHALT · SEALCOATING · CONCRETE

## Applicant Survey

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

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Applied For: \_\_\_\_\_

For Craft applicants, please write in the JOB for which you are applying from the following list:

|                       |                     |                    |             |
|-----------------------|---------------------|--------------------|-------------|
| Carpenter             | Lowboy Driver       | Mechanic           | Painter     |
| Cement Mason          | Equipment Operator  | Truck Driver       | Ironworker  |
| Laborer- Semi-Skilled | Pipefitter, Plumber | Laborer- Unskilled | Electrician |

**Submission of the information below is voluntary and refusal to provide any or partial information will not subject you to adverse treatment. Turner Asphalt, Inc. and its subsidiary companies are equal opportunity employers. The information you provide on this form will remain confidential and will be used solely for purposes of compliance with Federal/State requirements. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment.**

### Referral Source:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advertisement            | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> School/College               |
| <input type="checkbox"/> Internet                 | <input type="checkbox"/> State Service     | <input type="checkbox"/> Community Organization _____ |
| <input type="checkbox"/> Company website          | <input type="checkbox"/> Union             | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Employee Referral: _____ |  | <input type="checkbox"/> Online Job Board: _____      |

Gender:  Male  Female

### Race/Ethnic

Identification: Are you Hispanic or Latino?  Yes  No

A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If NOT Hispanic or Latino, select ONE of the following:

- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. This includes a person having origins in Spain or Portugal.
- Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races. This does not include Hispanic or Latino.

### Office Use Only

Walk-In Applicant?  Yes  No

“Walk-In” applicants are those applicants who physically seek employment at a branch office or jobsite. It does not include those applicants who submit resumes or other forms of applications via US mail, fax, email, or any other method other than personally appearing at the hiring location.



If you have checked that you are a disabled individual or a disabled veteran, we would like to consider you under our Affirmative Action program. Please assist us by answering the following questions. Completing this information is voluntary.

- 1) Please list any special methods, skills and procedures which qualify you for positions which you might not otherwise be able to do because of your disability such that you are able to perform the essential function(s) of the job(s) for which you are applying, with or without a reasonable accommodation:

- 2) Please indicate the accommodations, which we could make which would enable you to perform the job(s) for which you are applying properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations. Please note that although an applicant's preferences in the selection of an accommodation will be considered, the accommodation will be on that is most appropriate for both the applicant and for the company.

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.