**Office Use Only**

**DOH:**

**Everify:**

**Start Sal:**

**Employee Application**

**Asago, LLC is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or the provision of service.**

**Position Applied For:**

**Date of Review:**

**How were you referred to us?**

**Applicant Data:**

**Full Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**Email:**

**Emergency Contact Name:**

**Relation:**

**Number:**

**Social Security:**

**Date of Birth:**

**Date available to Start:**

**Have you ever pled guilty no contest or been convicted of a crime?**

**Yes or No (circle one)**

**If yes, give dates and details:**

**Answering yes to this question does not constitute an automatic rejection for employment. Date of offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered.**



**Previous Employment**

**Company:**

**Position Held:**

**Date of Employment: From**

**to**

**Address:**

**Phone Number:**

**Supervisors Name and Title:**

**Starting Salary:**

**Ending Salary:**

**Reason for leaving:**

**May we contact this employer as a reference? Yes or No (circle one)**

**Company:**

**Position Held:**

**Date of Employment: From**

**to**

**Address:**

**Phone Number:**

**Supervisors Name and Title:**

**Starting Salary:**

**Ending Salary:**

**Reason for leaving:**

**May we contact this employer as a reference? Yes or No (circle one)**

**Company:**

**Position Held:**

**Date of Employment: From**

**to**

**Address:**

**Phone Number:**

**Supervisors Name and Title:**

**Starting Salary:**

**Ending Salary:**

**Reason for leaving:**

**May we contact this employer as a reference? Yes or No (circle one)**

**I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, and other related matters as may be necessary for an employment decision.**

**I hereby release employers, or individuals from all liability when responding to inquiries in connection with my application.**

**In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge.**

**Signature of Applicant:**

**Date:**

**Drug-Free Workplace Policy for Texas Employers**

**ASAGO CONSTRUCTION is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription or over-the-counter drugs.**

**We reserve the right to inspect company premises, including company vehicles, machinery, lockers, storage areas, work areas, offices and other property supplied by the company. All such property is company property. Employees may not install private locks on any property supplied by the company. *We reserve the right to conduct alcohol and drug tests at any time.* We may terminate your employment if you violate this policy, *refuse to be tested,* provide false information, or fail to cooperate in a company investigation regarding drug or alcohol use.**

**Definitions under this policy**

**1. “Alcohol” means the intoxicating agent in beverage alcohol.**

**2. “Alcohol concentration” means the number of grams of alcohol per:**

**a. 210 liters of breath,**

**b. 100 milliliters of whole blood, or**

**c. 67 milliliters of urine.**

**4. “Company premises” include our buildings, grounds, parking lots, and company-provided vehicles.**

**5. “Controlled Substance” has the meaning assigned by 21 U.S.C. 802 and Section 481.002(5) and (6) of**

**the Texas Health and Safety Code.**

**6. “Drug” means any substance (other than alcohol) that has known mind- or function-altering effects on**

**humans, including controlled substances, structural analogs of controlled substances, illegal**

**drugs, prescription drugs, over-the-counter drugs and inhalants.**

**7. “Drug-Free Workplace” means a workplace where employees are not under the influence of drugs or**

**alcohol.**

**8. “Drug Metabolite” is the detectable substance in a drug.**

**9. “Illegal Drug” is any drug that is illegal for possession, use, sale, or transfer for those who lack the**

**appropriate license, registration or prescription, as defined by Texas and federal law.**

**10. An “inhalant” is any substance that produces mind- or function-altering effects on humans when**

**inhaled.**

**11. “Under the Influence” is a state of having:**

**a. a detectable level of the metabolite of an illegal drug, or**

**b. an alcohol concentration of 0.04 or more, or**

**c. not having the normal use of mental or physical faculties based on the introduction into the body of alcohol or drugs, or both.**

**Company Rules:**

**You must follow these rules while you are on company premises and while you conduct company business. These rules apply any place you conduct company business, including a company vehicle or**

**your own vehicle:**

**1. You may not use, possess, or be under the influence of alcohol on company premises. If management**

**approves, you may drink moderately at certain off-premises, business-related meetings or social**

**gatherings.**

**2. You may not use, possess, or be under the influence of illegal drugs.**

**3. You may not sell, buy, transfer, or distribute drugs. We reserve the right to report such actions to the**

**authorities.**

**4. You may not sell, buy, transfer, or distribute drug paraphernalia.**

**5. You may not use or be under the influence of inhalants.**

**6. You must follow these rules if you take prescription or over-the-counter drugs while on company**

**premises or while conducting company business.**

**a. You may use a prescription drug only if a licensed health care provider prescribed it to you**

**within the last year.**

**b. You may use prescription or over-the-counter drugs only if they do not generally affect your**

**ability to work safely and effectively.**

**c. You must keep these drugs in their original containers or bring only a single-day supply. The company reserves the right to consult with a doctor to determine if a prescription or over-the-counter drug may create a risk of harm to you or others if you use it on the job. The company may change your work duties or restrict you from working while you are using a**

**prescription or over-the-counter drug that creates such a risk.**

**7. You may not use machinery while taking prescription or over-the-counter drugs that impair your**

**ability to work safely. This includes vehicles.**

**8. You must cooperate with any investigation into drug or alcohol use.** *An investigation may include tests to detect the use of alcohol, drugs, or inhalants.*

***Testing***

*Testing may include urine, blood, or breathalyzer tests. Before testing, you will have the chance to*

*explain the legal use of any drugs.*

***Assistance***

*Our employee assistance program provides education on drug and alcohol abuse. You can also get counseling on substance abuse and other issues. For more information, call the employee assistance program at 956-607-0741*

**Agreement to follow policy**

**I have received and read a copy of the ASAGO CONSTRUCTON Drug-Free Workplace Policy. I agree to**

**follow the rules in the policy.**

*I consent to a drug or alcohol test as a condition of my initial employment or continued employment. I*

*authorize any laboratory or medical provider to release such test results to the company.*

***I release the company, its officers, directors, agents, employees, assigns and successors and all other persons or firms associated with or in any manner connected with the company, from any and all liability or claims that may arise out of, or in connection with a drug or alcohol test or this policy, for requiring tests, and any adverse employment action taken as a result of tests or test results. I understand that I am still an at-will employee and that this statement does not limit my or the company's right to terminate my employment at any time for any reason.***

**Employee Signature**

**Date**

**Name (Please Print)**

**Witness Signature**

**Date**

**Witness Name (Please Print)**

**Form W-4 (2018)**

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any

**Specific Instructions**

**Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to

allowances to claim.

[*www.irs.gov/FormW4*](http://www.irs.gov/FormW4.).

**Line C. *Head of household please note:*** Generally, you can claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation

of the worksheets for Form W-4.

changes.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet

**Exemption from withholding.** You may claim exemption from withholding for 2018

status.

if **both** of the following apply.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don’t qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

* For 2017 you had a right to a refund of **all** federal income tax withheld because you

had **no** tax liability, **and**

* For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

before beginning.

If you’re exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax.

Or, you can use the Deductions,

**General Instructions**

If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a

Adjustments, and Other Income Worksheet on page 3 or the calculator at *www.irs.gov/ W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [*www.irs.gov/W4App*](http://www.irs.gov/W4App)to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

flat amount or percentage of wages.

You can also use the calculator at [***www.irs.gov/W4App***](http://www.irs.gov/W4App)to determine your tax withholding more accurately. Consider

**Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.**

**W-4**



**Whether you’re entitled to claim a certain number of allowances or exemption from withholding is**

**subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

**Employee’s Withholding Allowance Certificate**

OMB No. 1545-0074

Form

**2018**

Department of the Treasury Internal Revenue Service

**1** Your first name and middle initial

Last name

**2 Your social security number**



**5**

Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

. .

**6**

Additional amount, if any, you want withheld from each paycheck

**7**

I claim exemption from withholding for 2018, and I certify that I meet **both** of the following conditions for exemption.

* Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
* This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write “Exempt” here



**7**

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

**Employee’s signature**

(This form is not valid unless you sign it.)



**Date**



**8** Employer’s name and address (**Employer:** Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

**9** First date of

employment

**10** Employer identification

number (EIN)

**For Privacy Act and Paperwork Reduction Act Notice, see page 4.**

Cat. No. 10220Q

Form **W-4** (2018)

Home address (number and street or rural route)

City or town, state, and ZIP code

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **3** | □ | Single | □ | Married | □ | Married, but withhold at higher Single rate. |  |
| **Note:** If married filing separately, check “Married, but withhold at higher Single rate.” | | | | | | |  |
|  | **4 If your last name differs from that shown on your social security card,** | | | | | | |  |
|  | **check here. You must call 800-772-1213 for a replacement card.** | | | | | | □ |

|  |  |  |
| --- | --- | --- |
| **5** |  | |
| **6** | $ |  |

Form W-4 (2018)

Page **2**

your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

than one job at a time or are married filing jointly and have a working spouse. If you don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [***www.acf.hhs.gov/programs/css/***](http://www.acf.hhs.gov/programs/css/)

might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if

***employers***.

W-4. See Pub. 505 for details.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as

Another option is to use the calculator at [*www.irs.gov/W4App*](http://www.irs.gov/W4App)to make your

withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the

follows.

you don’t wish to do so.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as

you choose this option, then each spouse should fill out the Personal Allowances

“Married, but withhold at higher Single

” box instead of using this worksheet. If

rate

Worksheet and check the “Married, but

withholding orders.

interest or dividends.

withhold at higher Single rate

W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

” box on Form

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires,

Another option is to take these items into account and make your withholding more accurate by using the calculator at [*www.irs.gov/W4App*](http://www.irs.gov/W4App). If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

enter the employee’s first date of

**Instructions for Employer**

**Employees, do not complete box 8 9 or**

employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).

**Two-Earners/Multiple Jobs**

**,,**

**Worksheet**

**10. Your employer will complete these**

Complete this worksheet if you have more

**boxes if necessary.**

**New hire reporting.** Employers are

□

Form W-4 (2018)

Page **3**

**Personal Allowances Worksheet** (Keep for your records.)

**AB**

Enter “1” for yourself

**A**

Enter “1” if you will file as married filing jointly

**B**

Enter “1” if you will file as head of household

1

• You’re single, or married filing separately, and have only one job; or

**D**

Enter “1” if: • You’re married filing jointly, have only one job, and your spouse doesn’t work; or

**D**

* Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

**E**

**Child tax credit.** See Pub. 972, Child Tax Credit, for more information.

* If your total income will be less than $69,801 ($101,401 if married filing jointly), enter “4” for each eligible child.
* If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter “2” for each

eligible child.

* If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter “1” for

each eligible child.

* If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter “-0-”

**E**

**F**

**Credit for other dependents.**

* If your total income will be less than $69,801 ($101,401 if married filing jointly), enter “1” for each eligible dependent.
* If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter “1” for every two dependents (for example, “-0-” for one dependent, “1” if you have two or three dependents, and “2” if you have

four dependents).

* If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter “-0-”

**F**

**GH**

**Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here

**G**

Add lines A through G and enter the total here



**H**

* If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you

have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.

For accuracy,

**complete all**

• If you **have more than one job at a time** or are **married filing jointly and you and your spouse both**

**worksheets**

**work**, and the combined earnings from all jobs exceed $52,000 ($24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.

**that apply.**

* If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage

income.

**1**

Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of

your income. See Pub. 505 for details

**1** $

1

$24,000 if you’re married filing jointly or qualifying widow(er)

}

**2**

Enter:

$18,000 if you’re head of household

**2** $

**456837**

$12,000 if you’re single or married filing separately **Subtract** line 2 from line 1. If zero or less, enter “-0-”

**3** $

Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or

blindness (see Pub. 505 for information about these items)

**4** $

**Add** lines 3 and 4 and enter the total

**5** $

Enter an estimate of your 2018 nonwage income (such as dividends or interest)

**6** $

**Subtract** line 6 from line 5. If zero, enter “-0-”. If less than zero, enter the amount in parentheses

**Divide** the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses.

. .

**7** $

Drop any fraction

**8**

**9**

Enter the number from the **Personal Allowances Worksheet,** line H above

**9**

**10**

**Add** lines 8 and 9 and enter the total here. If zero or less, enter “-0-”. If you plan to use the **Two-Earners/ Multiple Jobs Worksheet,** also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total

on Form W-4, line 5, page 1

**10**

□

Form W-4 (2018)

Page **4**

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

**1** Enter the number from the **Personal Allowances Worksheet,** line H, page 3 (or, if you used the

**Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that

worksheet)

**1**

**2**

Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you’re married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don’t enter more than “3”

**2**

**3**

If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter



and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet

**3**

**Note:** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

Enter the number from line 2 of this worksheet Enter the number from line 1 of this worksheet

**4**

**5**

**Subtract** line 5 from line 4

**6**

Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here

**7** $

**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed

. .

**8** $

**Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you’re paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld

from each paycheck

**9** $

**Table 1**

**Table 2**

**Married Filing Jointly**

**All Others**

**Married Filing Jointly**

**All Others**

If wages from **LOWEST**

paying job are—

Enter on

line 2 above

If wages from **LOWEST**

paying job are—

Enter on

line 2 above

If wages from **HIGHEST** paying job are—

Enter on

If wages from **HIGHEST** paying job are—

Enter on

line 7 above

line 7 above

$0 - $5,000

5,001 - 9,500

9,501 - 19,000

19,001 - 26,500

26,501 - 37,000

37,001 - 43,500

43,501 - 55,000

55,001 - 60,000

60,001 - 70,000

70,001 - 75,000

75,001 - 85,000

85,001 - 95,000

95,001 - 130,000

130,001 - 150,000

150,001 - 160,000

160,001 - 170,000

170,001 - 180,000

180,001 - 190,000

190,001 - 200,000

200,001 and over

1111111111

$0 - $7,000

7,001 - 12,500

12,501 - 24,500

24,501 - 31,500

31,501 - 39,000

39,001 - 55,000

55,001 - 70,000

70,001 - 85,000

85,001 - 90,000

90,001 - 100,000

100,001 - 105,000

105,001 - 115,000

115,001 - 120,000

120,001 - 130,000

130,001 - 145,000

145,001 - 155,000

155,001 - 185,000

185,001 and over

11111111

$0 - $24,375

24,376 - 82,725

82,726 - 170,325

170,326 - 320,325

320,326 - 405,325

405,326 - 605,325

605,326 and over

$420

500

910

1,000

1,330

1,450

1,540

$0 - $7,000

7,001 - 36,175

36,176 - 79,975

79,976 - 154,975

154,976 - 197,475

197,476 - 497,475

497,476 and over

$420

500

910

1,000

1,330

1,450

1,540

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section

6103.

agencies to combat terrorism.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the

You aren’t required to provide the information requested on a form that’s subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

□

**Intuit QuickBooks Payroll**

**InTulT**



**•**

**Employee Direct Deposit Authorization**

**Instructions**

Employee: Fill out and return to your employer. Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

**Account 1**

Account 1 type:

Checking

Savings

Bank routing number (ABA number):

Account number:

Percentage or dollar amount to be deposited to this account:

**Account 2** (remainder to be deposited to this account)

Account 2 type:

Checking

Savings

Bank routing number (ABA number):

Account number:

*attach a voided check for each account here*

**Authorization** (enter your company name in the blank space below)

This authorizes

(the “Company”)

to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature:

Employee ID #:

Print name:

Date:

Employee Direct Deposit Authorization Form

\_

Ver. AuthorizationforDirect\_Deposit-061812 \_

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- -



**Employment Eligibility Verification**

**Department of Homeland Security** U.S. Citizenship and Immigration Services

**USCIS**

**Form I-9**

OMB No. 1615-0047

Expires 08/31/2019



**START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically,**

**during completion of this form. Employers are liable for errors in the completion of this form.**

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

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

**Last Name** *(Family Name)*

**First Name** *(Given Name)*

**Middle Initial**

**Other Last Names Used** *(if any)*

**Address** *(Street Number and Name)*

**Apt. Number**

**City or Town**

**State**

**ZIP Code**

**Date of Birth** *(mm/dd/yyyy)*

**U.S. Social Security Number**

**Employee's E-mail Address**

**Employee's Telephone Number**

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

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

**4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):**

**Some aliens may write "N/A" in the expiration date field.** *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:*

*An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

**1. Alien Registration Number/USCIS Number:**

**OR**

**2. Form I-94 Admission Number:**

**OR**

**3. Foreign Passport Number:**

**Country of Issuance:**

**Do Not Write In This Space**

**QR Code - Section 1**

**Signature of Employee**

**Today's Date** *(mm/dd/yyyy)*

**1 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.**

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section*

**Preparer and/or Translator Certification (check one):**

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

**Signature of Preparer or Translator**

**Today's Date** *(mm/dd/yyyy)*

**Last Name** *(Family Name)*

**First Name** *(Given Name)*

**Address** *(Street Number and Name)*

**City or Town**

**State**

**ZIP Code**



*Employer Completes Next Page*



Form I-9 07/17/17 N

Page 1 of 3

□

|  |  |  |
| --- | --- | --- |
| □ | 1. **A citizen of the United States** |  |
| □ | 1. **A noncitizen national of the United States** *(See instructions)* |  |
| □ | 1. **A lawful permanent resident (Alien Registration Number/USCIS Number):** |  |

□



**Employment Eligibility Verification**

**Department of Homeland Security** U.S. Citizenship and Immigration Services

**USCIS**

**Form I-9**

OMB No. 1615-0047

Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

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

**Employee Info from Section 1**

**Last Name** *(Family Name)*

**First Name** *(Given Name)*

**M.I.**

**Citizenship/Immigration Status**

**List A**

**OR**

**List B**

**AND**

**List C**

**Identity and Employment Authorization**

**Identity**

**Employment Authorization**

|  |
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|  |

**Document Title**

**Document Title**

**Issuing Authority**

|  |
| --- |
|  |
|  |

**Document Number**

**Expiration Date** *(if any)(mm/dd/yyyy)*

**Expiration Date** *(if any)(mm/dd/yyyy)*

**Additional Information**

**Do Not Write In This Space**

**QR Code - Sections 2 & 3**

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

**The employee's first day of employment *(mm/dd/yyyy)*:**

***(See instructions for exemptions)***

**Signature of Employer or Authorized Representative**

**Today's Date** *(mm/dd/yyyy)*

**Title of Employer or Authorized Representative**

**Last Name of Employer or Authorized Representative**

**First Name of Employer or Authorized Representative**

**Employer's Business or Organization Name**

**Employer's Business or Organization Address (Street Number and Name)**

**City or Town**

**State**

**ZIP Code**

**A. New Name** *(if applicable)*

**B. Date of Rehire** *(if applicable)*

**Last Name** *(Family Name)*

**First Name** *(Given Name)*

**Middle Initial**

**Date** *(mm/dd/yyyy)*

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

**Document Title**

**Document Number**

**Expiration Date** *(if any***)** *(mm/dd/yyyy)*

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

**Signature of Employer or Authorized Representative**

**Today's Date** *(mm/dd/yyyy)*

**Name of Employer or Authorized Representative**

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Page 2 of 3

**Document Title**

**Issuing Authority**

**Document Number**

**Expiration Date** *(if any)(mm/dd/yyyy)*

**Document Title**

**Issuing Authority**

**Document Number**

**Expiration Date** *(if any)(mm/dd/yyyy)*

**Document Title**

**Issuing Authority**

**Document Number**

**Expiration Date** *(if any)(mm/dd/yyyy)*

**Issuing Authority**

**Document Number**

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

□

**LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED**

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

**LIST A**

**LIST B**

**LIST**

**Documents that Establish   
Both Identity and   
Employment Authorization**

**Documents that Establish**

**Documents that Establish Employment Authorization**

**Identity**

**OR**

**AND**

|  |
| --- |
| 1. U.S. Passport or U.S. Passport Card |
| 1. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) |

**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

**1.** A Social Security Account Number

card, unless the card includes one of

the following restrictions:

(1) NOT VALID FOR EMPLOYMENT

(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION

(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION

**3.** Foreign passport that contains a

temporary I-551 stamp or temporary I-551 printed notation on a machine-

readable immigrant visa

**2.** ID card issued by federal, state or local

government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

**4.** Employment Authorization Document that contains a photograph (Form I-766)

by the Department of State (Forms DS-1350, FS-545, FS-240)

**2.** Certification of report of birth issued

**5.** For a nonimmigrant alien authorized to work for a specific employer because of his or her status:

**a.** Foreign passport; and

**b.** Form I-94 or Form I-94A that has the following:

(1) The same name as the passport;

and

(2) An endorsement of the alien's

nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.

**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal

|  |
| --- |
| 1. Native American tribal document |
| 1. U.S. Citizen ID Card (Form I-197) |
| 1. Identification Card for Use of Resident Citizen in the United States (Form I-179) |

**For persons under age 18 who are   
unable to present a document   
listed above:**

**7.** Employment authorization

document issued by the

Department of Homeland Security

**6.** Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**12.** Day-care or nursery school record

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. School ID card with a photograph | | | |  |
| 1. Voter's registration card |  | | | |
| 1. U.S. Military card or draft record | | |  | |
| 1. Military dependent's ID card | |  | | |
| **7.** U.S. Coast Guard Merchant Mariner Card | | | | |
| **8.** Native American tribal document | | | |  |
| **9.** Driver's license issued by a Canadian government authority | | | | |

|  |  |  |
| --- | --- | --- |
| 1. School record or report card |  | |
| 1. Clinic, doctor, or hospital record | |  |

**Asago Construction**

Driver Safety/Company Policies

1) All drivers must always follow DOT rules and regulations in regards to the

Hours of Service. Non-compliance with the following will subject the driver to disciplinary action. Questions in regards to the Hours of Service should be

discussed with the Safety Department.

a. Local drivers must abide by the 100 air mile radius exception.

b. Long haul drivers must abide by the 11, 14 and 70-hour rules at all

times. Logs will be reviewed always and any violations discovered upon review of logs will result in driver discipline ranging from a

verbal warning to termination.

1. First offense will result in a written warning.
2. Second offense will consist of a 3 day suspension.
3. Third offense will result in termination.

c. Falsification of logs is not tolerated and driver is subject to severe

disciplinary action, disciplinary action may include termination for

falsifying the logbooks.

1. First offense will result in a written warning.
2. Second offense will consist of a 3 day suspension.
3. Third offense will result in termination.

d. All drivers must turn in driver log sheets, mileage reports, fuel

receipts, signed bills of lading, roadside inspection reports and all other pertinent trip information immediately upon return from trip. Failure to do so will result in withholding of paycheck until all documentation is turned into the Safety department.

2) Asago Construction is a drug free workplace and there is a zero tolerance of

drugs. Alcohol will not be tolerated in the workplace or while on duty. Any driver with a confirmed positive result following a drug test or any trace of alcohol on a Breathalyzer or blood test will be immediately terminated. All drivers are subject to the drug and alcohol testing program JAW Parts 40

and 382 of the Federal Motor Carrier Safety Regulations.

a. Pre-employment testing

b. Random drug testing

c. Reasonable Suspicion testing

d. Post-accident testing within 2 hours for alcohol and within 32 hours

for a controlled substance regardless if driver received citation or not.

Driver Initials:

1

3) **Asago Construction** will not tolerate any illegal activities. Activities that will interfere with operations of **Asago Construction** or affect the well-being of

**Asago Construction** employees on company property and vehicles. These activities include but are not limited to smuggling of drugs and/or illegal aliens, horseplay, fighting and etc. Violation of this policy will result in disciplinary action up to and including termination of employment.

4) All drivers are required to keep the following documents current and up to

date. Failure to keep the following documentation will result in disciplinary

action.

1. Must keep CDL current and in good standing
2. Must keep Medical Certificate current.

c. Must maintain a clean driving record.

d. Driver must report any citation that occurs during work and off-duty.

5) All drivers are subject to a thorough background check prior to and after gaining

employment with **Asago Construction**, giving false or misleading

information on an employment application will lead to the following.

a. Disqualification from employment with the company

b. Termination of employment if false or misleading information

discovered after employment is gained with Asago Construction.

6) All drivers must be safe and responsible, unsafe or reckless driving will not be tolerated and will subject the driver to immediate termination.

7) Radar detectors are not allowed under any circumstances, possession of a

radar detector in a commercial motor vehicle is a direct violation of federal

law. Violation of this policy will result in the following disciplinary action.

1. First offense will result in a written warning.
2. Second offense will result in a three day suspension.
3. Third offense will result in termination.

8) Texting or talking on your cell phone will not be allowed. The drive will

be allowed to use a Bluetooth to talk while driving in the commercial vehicle. Violation of this policy will result in the following disciplinary

action.

a. First offense will result in a written warning.

b. Second offense will result in a three day suspension. •

Third offense will result in termination.

9) Drivers must keep company aware of any changes that occur in their physical address at all times.

10) Employment outside of company (part-time job) is not allowed under any circumstances.

Driver Initials:

2

11) Drivers are responsible for keeping informed of any changes that occur

in the Federal Motor Carrier Safety Regulations and State statutes. Questions in regards to regulation and or state law changes should be discussed with the Safety Department.

12) All drivers are required to perform and document pre-trip and post-trip

vehicle inspections. Failure to complete vehicle inspections or falsification of vehicle inspections will result in disciplinary action. Questions in regards to vehicle inspection requirements should be discussed with the Safety Department.

13) All drivers must attend all scheduled safety meetings. Failure to attend

safety meetings will subject the driver to disciplinary action up to and including termination. All attendance at safety meetings must be logged as "on duty not driving" in your logbooks.

14) All drivers must obey all state and federal laws.

15) Passengers will not be allowed in company or leased trucks under any

circumstances. Violation of this policy will result in severe disciplinary action up to and including termination.

16) Drivers must not drive when the driver has been placed out of service. Violation of this policy will result in immediate termination.

17) Drivers must never drive a vehicle in an out of service condition. Violation of this policy will result in immediate termination.

18) ) All drivers must fully cooperate with law enforcement officials when stopped for a vehicle inspection.

19) Drivers and their property are subject to search while on duty and on company property.

20) Drivers will report all accidents to dispatch and to law enforcement officials

in that jurisdiction as soon as possible regardless of how minor the incident without exception.

21) Drivers are responsible for load count while loading or unloading. Drivers

must also ensure that cargo is not damaged while being loaded or unloaded. Drivers will be required to pay for shortages or damage to cargo.

22) Drivers will be held responsible and will have to pay for all damage to

equipment owned or leased by Asago Construction resulting from driver error, negligence or carelessness.

Driver Initials:

3

23) Drivers who abandon their trucks during a trip will have their pay garnished to

cover expenses incurred by Asago Construction to recover abandoned vehicle and load.

24) All drivers must deliver their loads on time. Late deliveries will not be tolerated. In the event that the driver or vehicle is detained, the driver must notify dispatch immediately. Vehicles breakdowns are expected and anticipated; however, the driver must notify dispatch immediately, so operations may make arrangements for a later delivery time. Unexcused late deliveries will result in disciplinary action consisting of a 3 day suspension.

25) Company vehicles are not to be used for personal use at any time or under any circumstances.

26) All drivers are required to leave company vehicles at the terminal upon return

from dispatch. Bobtailing vehicles to your residence or any other location will not be tolerated.

27) ) Last, but not least, you are a professional truck driver so be professional, safe,

courteous and responsible. Remember, you are a representative of **Asago Construction**. We only look good when you look good.

I hereby certify that I have read and understand the safety policy listed above. I understand that I must comply with all of the information listed in this policy; I also understand that non-compliance with the safety policy will subject me to disciplinary action.

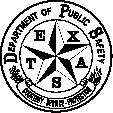
Printed Name

Date

Driver Signature

Driver Initials:

4



**TEXAS COMMERCIAL DRIVER LICENSE APPLICATION INTRASTATE DRIVER CERTIFICATION**

**NOTICE:** All information on this application must be in INK.

LAST NAME

FIRST NAME

DATE OF BIRTH (mm/dd/yyyy)

DRIVER LICENSE NUMBER

SOCIAL SECURITY NUMBER

**WHAT IS INTRASTATE COMMERCE?**

* Transportation of property (a commodity) where the point of origin and destination are totally within one state and no state line

or international boundary is crossed. The driver does not cross state lines or international boundaries when operating a commercial

vehicle.

* The Bill of Lading will be an indicator as to whether a shipment or commodity is interstate or intrastate. Transporting cargo that

always came from and stays within the state of Texas is considered intrastate cargo.

* If there is no Bill of Lading, the origin and destination of the shipment will be an indicator.

**Examples include, but are not limited to:**

* School bus drivers who only transport passengers within Texas.
* Drivers who only transport and deliver goods to and originate from Texas addresses.

**INSTRUCTIONS**

* Read each section carefully and certify only to the one section that applies to you. You may not certify to more than one section.
* If you certify to this form, you will have a restriction placed on your CDL, restricting you to intrastate commerce only.
* If you certify to Section A, you must choose option A or B.
* If you certify to Section B, you must provide a valid medical certificate.
* If you certify to Section C, you may choose one or both options, however the appropriate restriction(s) will be placed on your CDL.

**CERTIFICATION**

I certify that I:

1. Am at least 18 years of age, and
2. Am not disqualified to drive a motor vehicle in any state

**SECTION A. I FURTHER CERTIFY THAT I: (CHECK THE APPROPRIATE BOX IF APPLICABLE)**

**YES NO**

a.

Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous

materials placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989 and am not required to meet the medical standards set forth in the federal Motor Carrier Safety Regulations, **OR**

b.

Am a driver who operates a commercial motor vehicle in intrastate commerce, not transporting property requiring a hazardous

materials placard, and was regularly employed operating a commercial motor vehicle in Texas prior to August 28, 1989. While I am not required to meet the medical standards set forth in the federal Motor Carrier Safety Regulations, I am seeking to obtain or maintain employment as a school bus driver, and therefore I understand that I must undergo and pass an annual physical examination as required by Texas Transportation Code Section 521.022. I further understand that I am required to keep a current medical examiner’s certificate with me at all times while operating a school bus.

***IF YOU HAVE SELECTED YES FOR SECTION A, YOU MEET THE FEDERAL SELF-CERTIFICATION CATEGORY 4, EXCEPTED INTRASTATE (49 C.F.R. PART 383.71(b)(1)(iv)). A MEDICAL EXAMINER’S CERTIFICATE IS NOT REQUIRED TO BE PRESENTED FOR THE ISSUANCE OF THIS CDL.***

**I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS THAT EXEMPT ME FROM BEING REQUIRED TO MEET THE MEDICAL STANDARDS OF 49 C.F.R. PART 391. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND MEET THE PRECEDING QUALIFICATIONS.**

APPLICANT’S SIGNATURE

DATE

**CDL-5 (Rev. 11 /14)**

|  |  |  |
| --- | --- | --- |
| In order to obtain a Commercial Driver License (CDL), which authorizes the operation of a commercial motor vehicle in intrastate | | |
| commerce, you must certify to and meet the qualifications from Federal Rule 49 C.F.R., Part 391/390, and Texas Transportation Code, | | |
| Chapter 522. If you meet these requirements, certify to Section A, B, or | □ | below. |
| **APPLICANT INFORMATION** | | |

□

**SECTION B. OR, I FURTHER CERTIFY THAT I Meet the physical qualifications of 49 CFR, Part 391, because I: (check all boxes that apply)**

1.

Do not have a loss of a foot, a leg, a hand, or an arm, or have been granted a Texas waiver;

2.

Do not have an impairment of:

1. A hand or finger which interferes with prehension or power grasping; or
2. An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or have been granted a waiver;

3.

Do not have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

4.

Do not have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other

cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;

5.

Do not have an established medical record history or clinical diagnosis of a respiratory dysfunction likely to interfere with my

ability to control and drive a motor vehicle safely;

6.

Do not have a current clinical diagnosis of high blood pressure likely to interfere with my ability to operate a motor vehicle safely;

7.

Do not have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or

vascular disease which interferes with my ability to control and operate a motor vehicle safely;

8.

Do not have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss

of consciousness or any loss of ability to control a motor vehicle;

9.

Do not have a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with my ability to drive a

motor vehicle safely;

10.

Have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to

20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision at least 70º in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber; or have been granted a Texas waiver;

11.

First perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if

tested by use of an audiometric device, do not have an average hearing loss in the better ear greater than 40 decibels at 55 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;

12.

Do not use a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit forming drug; and

13.

Do not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use

is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver’s medical history and has advised the driver that the substance will not adversely affect the driver’s ability to safely operate a commercial motor vehicle;

14.

Do not have a current clinical diagnosis of alcoholism.

***IF YOU HAVE CHECKED ALL THE BOXES ABOVE, THIS IDENTIFIES THAT YOU MEET THE FEDERAL SELF-CERTIFICATION CATEGORY 3, NON-EXCEPTED INTRASTATE (49 C.F.R. PART 383.71(b)(1)(iii)). A MEDICAL EXAMINER’S CERTIFICATE IS REQUIRED TO BE PRESENTED FOR THE ISSUANCE OF THIS CDL.***

**I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS AND I AM SUBJECT TO THE PHYSICAL QUALIFICATIONS OF 49 C.F.R. PART 391. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND MEET THE PRECEDING QUALIFICATIONS.**

APPLICANT’S SIGNATURE

DATE

**SECTION C. OR, I FURTHER CERTIFY THAT I: (CHECK THE APPROPRIATE BOX(ES) IF APPLICABLE)**

**YES NO** Am exempt from the physical provisions of 49 CFR, Part 391/390 as I will operate a commercial motor vehicle only in the following capacity.

1.

The operation of a vehicle operated intrastate and used in oil or water well servicing or oil or water well drilling and which is

constructed as a machine consisting, in general, of a mast, an engine for power, a draw works, and a chassis permanently constructed or assembled for such purpose.

2.

The operation of a mobile crane that is an unladen self-propelled vehicle constructed as a machine used to raise, shift, or

lower weights.

***IF YOU HAVE SELECTED YES FOR SECTION C, YOU MEET THE FEDERAL SELF-CERTIFICATION CATEGORY 4, EXCEPTED INTRASTATE (49 C.F.R. PART 383.71(b)(1)(iv)). A MEDICAL EXAMINER’S CERTIFICATE IS NOT REQUIRED TO BE PRESENTED FOR THE ISSUANCE OF THIS CDL.***

**I CERTIFY THAT I OPERATE OR EXPECT TO OPERATE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE COMMERCE ONLY. I ENGAGE OR WILL ENGAGE EXCLUSIVELY IN TRANSPORTATION OR OPERATIONS THAT EXEMPT ME FROM BEING REQUIRED TO MEET THE MEDICAL STANDARDS OF 49 C.F.R. PART 391. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND MEET THE PRECEDING QUALIFICATIONS.**

APPLICANT’S SIGNATURE

DATE

Sworn to and subscribed before me on this the

day of

Notary Public or Authorized Officer

**FOR DEPARTMENT USE ONLY**

Intrastate restriction must be placed on the license.

Section C, Box 1 requires P25 – if cmv, use in oil/water well serv/drill

Optional Y – Valid Texas vision or limb waiver required

Medical Examiner’s certificate is required if Section B is selected.

Class C - General Knowledge and any necessary endorsement exams.

Section C, Box 2 requires P26 – if cmv, for operation of mobile crane

Class A - Texas Commercial Rules, General Knowledge, Combination, Air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

Class B - Texas Commercial Rules, General Knowledge, Air-brake (if applicable), Pre-trip, and any necessary endorsement exams.

Skills exams required: Yes

□

□

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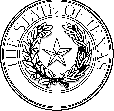
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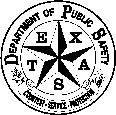
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**Texas Commercial Driver License**



**Self-Certification Affidavit**

Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

I certify my commercial transportation is:

Category 1. Non-excepted Interstate. I operate or expect to operate in interstate commerce, am

both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45.(*CDL-4, CDL-10 box 7, medical certificate is required)*

Category 2. Excepted Interstate. I operate or expect to operate in interstate commerce, but

engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*

Category 3. Non-Excepted Intrastate. I operate or expect to operate in intrastate commerce, and

am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*

Category 4. Excepted Intrastate. I operate or expect to operate in intrastate commerce, and

engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a)*

**I certify that I have read, understand and meet the above checked categories for a commercial driver**

**license.**

Signature

Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

**Email (pdf format only):** CDLMedCert@[dps.texas.gov](http://dps.texas.gov)

**Fax:** 512-424-2002

**Mail:** Texas Department of Public Safety

Enforcement & Compliance Service

Attention: CDL Section

P.O. Box 4087

Austin, Texas 78773

CDL-7 (00-0112)

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** | **Maiden Name** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Driver License Number** | **Birth Date** | **Social Security Number** |
|  |  |  |

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**General Information**

**A Guide for Commercial Driver’s License (CDL) Holders New Medical Certification Requirements**

All CDL holders must provide a Self-Certification affidavit (CDL-7) no later than January 30, 2014 to the Department identifying

the type of commercial motor vehicle operation in which they plan to operate. CDL holders operating in non-excepted

interstate and non-excepted intrastate will be required to submit a current medical examiner’s certificate and any variance they may have to the Department. Drivers who are required have a medical examiners certificate and fail to maintain a current medical certificate with the Department may lose their CDL.

**1) What is changing?** Texas will now collect your medical certificate information at the time of your commercial driver license transaction.

**2) What is not changing?** The driver physical qualification requirements will not change.

**3) When does this change start?** This change begins 5 March 2012.

**4) What are CDL holders required to do**?

1. You must determine the type of commerce in which you operate and self-certify to one of the following four categories (see list below).

* **Interstate non-excepted**: You are an Interstate non-excepted driver and must meet the Federal DOT medical card

requirements (e.g. – you are “not excepted”).

* **Interstate excepted:** You are an Interstate excepted driver and do not have to meet the Federal DOT medical card

requirements.

* **Intrastate non-excepted**: You are an Intrastate non-excepted driver and are required to meet the DOT medical

requirements.

* **Intrastate excepted**: You are an Intrastate excepted driver and do not have to meet the DOT medical requirements.

2. If you are subject to the Department of Transportation (DOT) medical card requirements, provide a copy of each new DOT medical card to the Department prior to the expiration of the current DOT medical card.

**5) How do you determine the type of commerce in which you plan to operate?** Read the FAQ’s for DOT medical certificate requirements located at [www.txdps.state.tx.us/driverlicense.](http://www.txdps.state.tx.us/driverlicense.)

**6) How can you comply with the new requirements?** If you are applying for a new commercial driver license, or plan on renewing or obtaining a replacement before January 30, 2014, be sure to bring your DOT medical card if you have one, when you come to your local driver license office.

If you are a current commercial driver license holder and do not need to renew or obtain a replacement before January 30, 2014, print and complete a copy of the self-certification form (CDL-7) located on our website, and mail, fax, or email the self-certification form to the contact information below. If you are required to maintain a DOT medical certificate, be sure to send a copy of that and any variance you may have along with the Self-Certification affidavit.

**7) What if you have renewed your DOT medical certificate since the last time you sent one in to the Department?** To prevent your commercial driver license from being downgraded, you will need to send a copy of the new DOT medical certificate to the Department within 15 days of the DOT medical certificate issuance date.

**8) How to submit your medical certificates?**

Self-Certification affidavits (CDL-7) and DOT medical certificate information can be submitted to the Department through one of

the following:

**Mail:**

Texas Department of Public Safety

**Fax:** 512-424-2002/Attention: CDL Section

Enforcement & Compliance Service

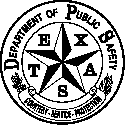
Attention: CDL Section

**Email:** [CDLMedCert@dps.texas.gov](mailto:CDLMedCert@dps.texas.gov) (Must be in pdf format)

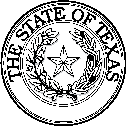
PO Box 4087

Austin, Texas 78773

CDL-7 (00-0112)



**RELEASE OF CDL HOLDER’S REPORTED   
POSITIVE ALCOHOL OR CONTROLLED   
SUBSTANCE TEST RESULTS**



**Use this form to obtain the CDL holder’s reported positive alcohol or controlled substance test results information.**

**This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder)   
has had a positive alcohol or controlled substance test result reported to the Texas Department of   
Public Safety in compliance with state law.**

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver’s original signature.

2. Deliver, mail, Email or FAX the completed form to:

Check here if CDL Holder is requesting results on self

**Texas Department of Public Safety Motor Carrier Bureau, MSC #0521**

**6200 Guadalupe, Building P**

**Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

[**Email: MCB.VPR@dps.texas.gov**](mailto:MCB.VPR@dps.texas.gov)

,

Print Name of CDL Holder

Phone Number

,

Print full Address, City, State and Zip Code of CDL Holder

Social Security #

Driver License Number of CDL Holder

State

Date of Birth

authorize release of any and all of CDL holder’s reported positive alcohol or controlled substance test results reported under Texas state law to

ASAGO, LLC

(956) 607-0741

,

Print Motor Carrier’s Name

Phone Number

2112 S. Shary Rd. # 23; Mission, TX 78572

,

Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver

Date

**X**

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:** [**http://www.txdps.state.tx.us/forms/index.htm.**](http://www.txdps.state.tx.us/forms/index.htm.)

MCS-21 (Rev 6/16)