

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my current and past personal employment, financial, and medical information (including DOT long form physicals past and present) as may be necessary in arriving at an employment decision and continued contractor/lease driver status. I hereby release employers, schools, health care providers and all other persons from all liability in responding to inquiries and releasing information in connection with my application and continuous contractor/lease driver status. In the event of contractor, or lease driver status offered, I understand that false or misleading information given in my application or interview(s) may result in discharge and/or cancelled contract (which ever applicable). I understand also that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

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

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

## FOR LESSOR USE

Lessee: L & B Transport, LLC Location: Port Allen, LA (Corporate)

Address: 708 Highway 190 West

City: Port Allen State: LA 70767

Phone: 225-387-0894 Fax: 225-336-0674

## PROCESS RECORD

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

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

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

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

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

## TERMINATION OF EMPLOYMENT

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

DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**APPLICANT TO COMPLETE**  
**(Answer all questions – please print)**

Position Applying for:

☐ Owner Operator, if so do you own the truck? \_\_\_\_\_ ☐ Company Driver ☐ Other; Explain: \_\_\_\_\_

If Owner Operator: Truck Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Email: \_\_\_\_\_ Do you have a: \_\_\_\_\_ PTO Driven Compressor \_\_\_\_\_ Pump \_\_\_\_\_ Blower \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

List your addresses of residency for the past 3 years

Current Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State & Zip Code yr /mo

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State & Zip Code yr /mo

Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State & Zip Code yr /mo

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ May we contact your current employer? ☐ Yes ☐ No  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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

Have you ever been convicted of a felony? \_\_\_\_\_

**If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.**

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

If yes, explain if you wish \_\_\_\_\_

L & B Transport, L.L.C. is an Equal Opportunity Employer. We do not discriminate in hiring or in the selection of owner-operators on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law

### EMPLOYER HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 10 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent).

#### EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

#### EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

#### EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL  
TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL  
TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL  
TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL  
TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL  
TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

EMPLOYER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ TYPE OF TRAILER: \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? \_\_\_\_ YES \_\_\_\_ NO  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL  
TESTING REQUIREMENTS OF 49 CFR PART 40? \_\_\_\_ YES \_\_\_\_ NO

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE SI NEEDED) IF NONE WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

### EXPERIENCE AND QUALIFICATIONS - DRIVER

| DRIVER<br>LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
|                    |       |             |      |                 |
|                    |       |             |      |                 |
|                    |       |             |      |                 |

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

YES \_\_\_\_\_ NO \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS \_\_\_\_\_

### DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT                                     | CIRCLE TYPE OF EQUIPMENT     | FROM (M/Y) | TO (M/Y) | APPROX. NO OF MILES (OTAL) |
|--------------------------------------------------------|------------------------------|------------|----------|----------------------------|
| STRAIGHT TRUCK YES NO                                  | VAN, TANK, FLAT, DUMP, REFER |            |          |                            |
| TRACTOR & SEMI-TRAILER YES NO                          | VAN, TANK, FLAT, DUMP, REFER |            |          |                            |
| TRACTOR- TWO TRAILER YES NO                            | VAN, TANK, FLAT, DUMP, REFER |            |          |                            |
| TRACTOR - THREE TRAILER YES NO                         | VAN, TANK, FLAT, DUMP, REFER |            |          |                            |
| MOTORCOACH - SCHOOL BUS YES NO more than 8 passengers  |                              |            |          |                            |
| MOTORCOACH - SCHOOL BUS YES NO more than 15 passengers |                              |            |          |                            |
| OTHER                                                  |                              |            |          |                            |

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

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8

HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only 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 connection with my application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**L&B TRANSPORT, LLC**  
**702 HWY 190 W. PORT ALLEN, LA**

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

Please fax this completed form to: **225-612-6406**

Company: \_\_\_\_\_ Name: \_\_\_\_\_  
Fax: \_\_\_\_\_ SS#: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Contact: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

The above named applicant has authorized the release of any information regarding his/her performance while in your employ. Please note the waiver below signed by the applicant. We would appreciate a response within 24 hours. Thank you.

I \_\_\_\_\_, hereby authorize the company listed above to release all information regarding my employment or association, including oral assessments of my job performance ability, fitness and all information on my alcohol and controlled substances testing records to L&B Transport, LLC in connection with my application for qualification with said company. This is in compliance with the Federal Motor Carrier Safety Regulations Title 49 Part 382, 405 (f) (h). Part 382, 413 (b) (e) (f) and Part 382.401 (b) (1 through III) of the Federal Motor Carrier Safety Regulations. I hereby release you from any and all liability of any type as a result of providing such information.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

REASON FOR LEAVING \_\_RESIGNED\_\_\_\_\_\_ LAID OFF\_\_\_\_\_\_ DISCHARGE\_\_\_\_\_\_

IF DISCHARGED, REASON? \_\_\_\_\_

ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REVIEW REQUIRED

IF EMPLOYEE WAS A DRIVER, WAS HE/SHE A \_\_\_\_\_ COMPANY DRIVER \_\_\_\_\_ OWNER/OPERATOR

\_\_\_\_\_ FULL TIME \_\_\_\_\_ OTH \_\_\_\_\_ SOLO \_\_\_\_\_ TRACTOR/TRAILER \_\_\_\_\_ DRY VAN

\_\_\_\_\_ PART TIME \_\_\_\_\_ LOCAL \_\_\_\_\_ TEAM \_\_\_\_\_ STRAIGHT TRUCK \_\_\_\_\_ REEFER

\_\_\_\_\_ LENGTH OF TRAILER \_\_\_\_\_ BUS \_\_\_\_\_ DUMP \_\_\_\_\_ FLATBED \_\_\_\_\_ TANKER

**ACCIDENTS** # PREVENTABLE \_\_\_\_\_ # NON-PREVENTABLE \_\_\_\_\_

DATE: \_\_\_\_\_ PREVENTABLE/NON-PREVENTABLE TYPE: \_\_\_\_\_

DATE: \_\_\_\_\_ PREVENTABLE/NON-PREVENTABLE TYPE: \_\_\_\_\_

DATE: \_\_\_\_\_ PREVENTABLE/NON-PREVENTABLE TYPE: \_\_\_\_\_

**DRUG AND ALCOHOL: (THE FOLLOWING QUESTIONS APPLY TO THE LAST THREE YEARS)**

- |                                                                                                                              |     |    |      |       |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|------|-------|
| 1. CONFIRMED BEATH ALCOHOL .04 OR GREATER?                                                                                   | YES | NO | DATE | _____ |
| 2. TEST POSITIVE FOR CONTROLLED SUBSTANCE?                                                                                   | YES | NO | DATE | _____ |
| 3. REFUSED CONTROLLED SUBSTANCE AND OR ALCOHJOL TEST?                                                                        | YES | NO | DATE | _____ |
| 4. VIOLATED OTHER DOT DRUG AND OR ALCOHOL REGULATION?                                                                        | YES | NO | DATE | _____ |
| 5. HAVE YOU RECEIVED INFORMATION FROM A PREVIOUS EMPLOYER THAT THIS INDIVIDUAL VIOLATED DOT DRUG AND/OR ALCOHOL REGUALTIONS? | YES | NO | DATE | _____ |

This form was (check one) \_\_\_\_\_ Fax to previous employer, \_\_\_\_\_ Mailed \_\_\_\_\_ Date: \_\_\_\_\_

**Complete below when information is obtained.**

Information received from: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Company Name L & B Transport LLC

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

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number

# REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to L & B Transport, LLC  
(prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.  
You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.
6. The consumer (applicant) authorizes the requester to obtain information for (PSP) the Pre-Employment Screening Program.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle record under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002 (a)).

(Signature of Requester)

(Date)

TO:

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of \_\_\_\_\_  
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person has made application with our company for the position of \_\_\_\_\_  
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past years.

NAME OF APPLICANT / DRIVER: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Former Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_ License #: \_\_\_\_\_

REQUESTED BY:

**L & B Transport, LLC**

(Name of Company)

708 Highway 190 W

(Address)

Port Allen, LA 70767

(City)

(State)

**Safety Department**

(Type Name)

Safety

(Title)

(Signature)

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

## Employee Notification of D.O.T. Drug and Alcohol Testing Changes

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

From: **L&B Transport, LLC**

To: ALL DOT Safety-Sensitive Employees

In Re: Changes to DOT Drug Testing Panel

This Acknowledgement Form is verification that you have been notified of the following changes to **L&B Transport, LLC** D.O.T. Drug and Alcohol Testing Policy.

Department of Transportation has modified the drug test panel in which you are tested. Beginning January 1, 2018, in addition to the existing test panel, you will also be tested for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, Exalgo®. DOT has also removed the requirement to test for MDEA.

An updated copy of **L&B Transport, LLC** D.O.T. Drug and Alcohol Policy will be provided to you at a later date to include these changes.

By signing this form, I acknowledge that I have been notified by **L&B Transport, LLC** of these changes.

This copy will be retained in your confidential DOT files.

Please sign the bottom of this notice to acknowledge its receipt.

Employee Printed Name: \_\_\_\_\_

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

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

**L & B Transport LLC**  
708 B Hwy 190 West  
Port Allen, LA 70767

**General Consent for Queries of  
the Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to L & B Transport to conduct queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the query conducted by L & B Transport indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to L & B Transport without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for L & B Transport to conduct a limited query of the Clearinghouse, L & B Transport must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

---

Employee Signature

---

Date

LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS  
OFFICE OF MOTOR VEHICLES  
SUPPLEMENTAL FORM FOR CDL APPLICATION

Full Name (last) (first) (middle)

Mailing Address

City/State/Zip (DL#/State issued)

Date of Birth SSN:

All CDL applicants, answer the following questions: Circle one

- 1) Have you ever held a driver license in this or any other state within the past 10 years? If yes, list the state/s? Y / N
- 2) Do you have a driver's license from more than one State or Jurisdiction? Y / N
- 3) Are your driving privileges currently or pending suspension, revocation, or cancellation under State law or disqualification under 49 CFR 383.51? Y / N
- 4) Do you meet the qualification requirements of 49 CFR 391? Y / N
- 5) You must self-certify as one of the following four types of commercial driver's:

\_\_\_ Interstate non-excepted: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements.

\_\_\_ 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 medical requirements of Louisiana.

\_\_\_ Intrastate excepted: You are an Intrastate excepted driver and do not have to meet the medical requirements of Louisiana.

I hereby certify that the motor vehicle in which I take/took the driving skills test is representative of the type of motor vehicle that I operate or expect to operate.

By my signature affixed below, I certify under penalty of law, that all statements on this application are true and correct.

Applicants signature

Date

MVCA signature

Date



## 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.

|                       |            |                        |             |
|-----------------------|------------|------------------------|-------------|
| Last Name             | First Name | Middle Name            | Maiden Name |
|                       |            |                        |             |
| Driver License Number | Birth Date | Social Security Number |             |
|                       |            |                        |             |

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, CDL-10 box 10 or box 11)*

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](mailto:CDLMedCert@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

Failure to return this form to the Alabama Department of Public Safety will result in the cancellation of your commercial driver license.

**Self-Certification Affidavit (please print)**

Name of Driver: \_\_\_\_\_ Alabama License No.: \_\_\_\_\_

IMPORTANT: Recent changes in federal regulations 49 CFR 383, 384, 390 and 391 require drivers of commercial motor vehicles to certify the type of operation they're engaged in. Effective January 30, 2012, all Class A, B, or C drivers must submit this affidavit. \*If you check the first self-certification box below, you must also submit a copy of your current medical card/certificate and always maintain a current medical card/ certificate on file with the Alabama Department of Public Safety.\*

Are you submitting a copy of your medical card/certificate? YES NO (Please circle yes or no)

Please check only one of the following Self-Certification categories that apply to you.

I certify my commercial transportation is:

- ☐ Non-excepted Interstate and subject to 49 CFR part 391. \*I am required to carry a DOT Medical Card/Certificate\* (medical card/certificate and this affidavit must be submitted)
- ☐ Excepted Interstate, but operating exclusively in transportation or operations excepted under 49 CFR 390.3 (f), 391.2, 391.68, or 398.3 \*I am NOT required to carry a DOT Medical Card/Certificate\* (only this affidavit must be submitted) Examples of excepted categories: Transportation performed by Federal and State Government and Churches. For a complete list of excepted categories, please refer to the 49 CFR codes above.
- ☐ Non-excepted Intrastate and subject to Alabama driver qualification requirements. \*My CDL has a W-Restriction due to an Alabama issued Medical Waiver\* (only this affidavit must be submitted)
- ☐ Excepted Intrastate, but operating exclusively in transportation or operations excepted from all or part of the State driver qualification requirements. (only this affidavit must be submitted)

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Please mail or fax the medical card/certificate (if applicable) and this Self-Certification affidavit no later than 10 days prior to renewing your commercial driver license. Mail or fax to

Alabama Department of Public Safety  
Driver License Division  
CDL Unit  
P.O. Box 1471  
Montgomery, AL 36102-1471

For questions, please e-mail:  
e-mail: [cdlmedicalmerger@dps.alabama.gov](mailto:cdlmedicalmerger@dps.alabama.gov)

334-353-1980 -- fax number

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

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



**L & B Transport, LLC**  
P.O. Box 74870 Baton Rouge, LA 70874-4870  
Phone (225) 387-0894

### **Liquid Bulk, Dry Bulk & Flatbed Hiring Standards**

1. All persons considered for a driver must be a minimum of 25 years of age, hold a valid Class "A" CDL, and a valid TWIC card. If driver does not have a TWIC card, a TWIC card must be applied for before driver is eligible for dispatch. Applicant must have at least 1 year of verifiable driving experience. Have no more than 2 moving violations, or a combination of either moving violations or accidents in the last 3 years for which the driver was at fault. Any preventable accident listed or verified will need a copy of the police report to verify accuracy. If the accident was a result of a speeding ticket it will be treated as one. Applicant must not have been involved in any accident or received any citation for careless or reckless operation or received any citation for any DWI or DUI or a refusal of any sobriety test in the last 5 years. L&B reserves the right to accept or reject any applicant based on the severity and any disclosed or undisclosed information about any accident either mentioned or not mentioned on the application.
2. Liquid Bulk applicants must hold a Class A CDL with an X endorsement. This X endorsement is not needed to apply to become a Dry Bulk or Flatbed driver.
3. The application will be reviewed by the safety department to ascertain the criteria are met and will be followed up with an MVR to check his/her driving history before proceeding further.
4. If the applicant appears qualified by past employment history, the application will be turned over to David Guillot or Jack Stanley for final review.
5. Upon determination that the applicant is qualified for employment with L&B, applicant will be required to obtain mandatory drug test and DOT physical if one is not valid.
6. Upon receiving satisfactory results from the above test requirements and work history, the individual will be given the opportunity to complete the computer based training and attend an orientation class where the results must be satisfactory.
7. Applicant will be required to read and familiarize himself with the company policy handbook/safety manual and is to verify this with signature below.
8. Applicant is required to sign below that he has read and fully understands sections 383.51 and 383.53 in the Federal Motor Carrier Safety Regulation Handbook and agrees to become familiar with the company policies and procedures.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date