

APPLICATION FOR DRIVER EMPLOYMENT

Revised 2/2025

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L BROTHERS TRANSPORT LLC
1515 EVELYN ST, HOUSTON, TX 77009:

I wish to apply for a CDL DRIVER POSITION:

____ Full-time ____ Contract

NAME _____
(FIRST) (MIDDLE) (LAST)

(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH ____/____/____ SOCIAL SECURITY NO. ____-____-____

PHONE NUMBER _____ CELLPHONE: _____

E-MAIL ADDRESS _____

May we text or email you? ____ No ____ Yes

PREVIOUS THREE YEARS RESIDENCY

____ Dates: _____
(STREET) (CITY) (STATE & ZIP CODE)
____ Dates: _____
(STREET) (CITY) (STATE & ZIP CODE)
____ Dates: _____
(STREET) (CITY) (STATE & ZIP CODE)

Are you authorized to work in the United States of America? ____ Citizen ____ Resident ____ Permit

Are you an owner or partner of a business with a DOT number or do you personally have a DOT number with FMCSA?
____ No ____ Yes DOT #: _____

COMMERCIAL DRIVERS LICENSE INFORMATION: *Please provide a copy with your application.*

STATE	NUMBER	CLASS	ENDORSEMENTS	RESTRICTIONS	EXPIRATION DATE
					/ /

I certify that I do not have more than one motor vehicle license at this time. _____ initials

Did you hold a license in another state/country during the past three (3) years? ____ Yes (please list) ____ No

STATE / COUNTRY	NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

Do you have a current medical examiners certificate (medical card)? ____ No ____ Yes *Please provide a copy with your application.*

Do you have a medical exemption? ____ Yes ____ No If you answered "yes," *Please explain and provide a copy with your application.:*

Are you part of the USDOT Under 21 Military Pilot Program? ____ No ____ Yes

Did you receive your CDL license under the Military Even Exchange Program (Knowledge Test Waiver)?
____ No ____ Yes Please indicate which state issued the CDL? _____

Have you ever been denied a license, permit or privilege to operate a motor license, permit or privilege ever been suspended or revoked in the United States? ____ No ____ Yes If you answered "yes," please explain why:

DRIVERS APPLICATION

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Name: _____

DRIVING EXPERIENCE

EQUIPMENT	TYPE OF VEHICLE	DATES OF EXPERIENCE	MILES DRIVEN

ACCIDENT RECORD FOR THE PAST 10 YEARS

DATE OF INCIDENT	NATURE OF INCIDENT (rear-end collision, roll-over, head-on, please explain.)	# OF FATALITIES	# OF INJURED

Controlled Substance Testing

Have you ever had a POSITIVE result for controlled substances while working in a "safety sensitive function" in any DOT regulated position when subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? ____ Yes ____ No

If "yes," can you provide evidence that you completed a REHABILITATION program? ____ Yes ____ No

Are you registered in the FMCSA Clearinghouse as a CDL driver? ____ Yes ____ No

You must be registered in the FMCSA Clearinghouse in order to work with this company. If you need help with registration, please let us know.

EMPLOYMENT RECORD (attach sheet if more than 5 entries are needed)

All applicants that desire to work as a DRIVER must provide the following information for **the previous TEN (10) years**. All applicants MUST account for all 10 years even if unemployed. ALL employment must be listed, including "contract" positions or occasional work. Provide a company name, supervisor name, phone number for each PREVIOUS AND CURRENT EMPLOYERS. Applicants must reveal their reason for leaving employment (writing "personal" is not acceptable).

Are you currently employed or working on contract? ____ No ____ Yes ____ Full time ____ Part-time ____ Contract

1) Date hired: _____, **Last day of work:** _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____

Reason for leaving: ____ Relocated. ____ Accepted other employment. ____ Lay-off. ____ Company closed.

____ Other _____

► **Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here?** ____ Yes ____ No

► **Was this job position designated as a "safety sensitive function" in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40?** ____ Yes ____ No

Name _____

EMPLOYMENT RECORD, Continued**2) Date hired:** _____, **Last day of work:** _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: ☐ Relocated. ☐ Accepted other employment. ☐ Lay-off. ☐ Company closed.☐ Other _____**► Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here?** ☐ Yes ☐ No**► Was this job position designated as a "safety sensitive function" in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40?** ☐ Yes ☐ No**3) Date hired:** _____, **Last day of work:** _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: ☐ Relocated. ☐ Accepted other employment. ☐ Lay-off. ☐ Company closed.☐ Other _____**► Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here?** ☐ Yes ☐ No**► Was this job position designated as a "safety sensitive function" in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40?** ☐ Yes ☐ No**4) Date hired:** _____, **Last day of work:** _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____, _____

Reason for leaving: ☐ Relocated. ☐ Accepted other employment. ☐ Lay-off. ☐ Company closed.☐ Other _____**► Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here?** ☐ Yes ☐ No**► Was this job position designated as a "safety sensitive function" in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40?** ☐ Yes ☐ No

Name _____

EMPLOYMENT RECORD, Continued

5) Date hired: _____, Last day of work: _____

Employer Name: _____

Address: _____

Company phone #: _____, Fax # _____

Supervisor name: _____ Supervisor phone number: _____

Position(s) held during employment: _____

Reason for leaving: ☐ Relocated. ☐ Accepted other employment. ☐ Lay-off. ☐ Company closed.☐ Other _____► Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ☐ Yes ☐ No► Was this job position designated as a "safety sensitive function" in any DOT regulated mode and subject to alcohol and controlled substance usage testing requirements under 49 CFR Part 40? ☐ Yes ☐ No*If you have more than 5 previous employers to list, please use a separate page and check "Yes" here. ☐ Yes, attached.***ACKNOWLEDGEMENT TO BE READ AND SIGNED BY APPLICANT**

► I understand I am applying for a "safety sensitive" position and that I will be required to submit to a pre-employment drug test before being offered work.

► I further understand and authorize the company to make investigations and inquiries to my personal history, employment background, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

► I hereby release previous employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company and regulations of the USDOT for commercial drivers. I understand that information I provide regarding current and/or previous employers will 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 current/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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's signature_____
Date

Please be advised that additional steps are required by the United States Department of Transportation Federal Motor Carrier Safety Administration regulations in order to process your application and offer you employment. If you are not able to complete these steps in a timely manner, it will delay the completion of the application process. You can find out about these requirements by visiting www.fmcsa.dot.gov where the regulations are available for public information.

We thank you for your cooperation!

CDL DRIVER MOTOR VEHICLE RECORD RELEASE

This CDL Driver MVR Release (the "Release") is effective _____(date),

BETWEEN:

(the "**Driver**"), an individual with his main address located:

SSN: ____ - ____ - _____

AND:

L BROTHERS TRANSPORT LLC

(the "Company"), a business organized and existing under the laws of the State of Texas, with its head office located at:

1515 Evelyn, Houston, TX 77009

TERMS

Under Texas law, Motor Vehicle Records are considered **CONFIDENTIAL** and are for the exclusive use of the company in driver qualification files and may not be released, viewed, or used by any unauthorized employee, marketing company, or other entity or purpose except as specifically allowed by Texas law.

1. **THEREFORE, I AUTHORIZE The Company** to use or cause to be used said records for the purpose of meeting the regulatory requirements for hiring and maintaining a driver qualification file under 49 C.F.R. Part 313 of the U.S. Department of Transportation. Also, if employed by the Company, I hereby authorize the Company to request an updated copy of the complete motor vehicle records from any State or Country where I currently hold or have held a license to drive within the past 10 years, and/or a 3-year motor vehicle record as necessary or every six (6) months as long as I remain in the employ of the company. The Company further has my authorization to store a copy in the Company's driver qualification files, and produce/ reproduce/provide such records for review by government officials and insurance companies as needed.

2. In consideration of my employment with the Company and as part of the services being furnished by me to said Company, **I hereby give my consent** to use my personal and confidential information to have my Motor Vehicle Records to be obtained by a third party service company. I understand that a copy of my record will be made available to me upon request.

3. I hereby release the Company, along with any third company service provider, and any of its associated representatives from all claims of any kind on account of such use.

IN WITNESS WHEREOF, the Driver has willingly executed this Release on the day and year noted above.

DRIVER

Authorized Signature

Print Name

CDL # and State/County of issuance

Please attach a copy of current license with this release.

COMPANY

Luis Condado

Authorized Signature

Luis Condado

Print Name and Title