

L and R Carrier LLC  
Columbia SC 29229  
800-711-8619

## COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

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

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Experience:

\_\_\_\_\_ to \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ to \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ to \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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**List all Traffic Violations Convictions, last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

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**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

☐ Yes    ☐ No    If yes; state of issuance; explanation: \_\_\_\_\_

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**Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?    ☐ Yes    ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?    ☐ Yes    ☐ No

Reason for Leaving: \_\_\_\_\_

.....

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?    ☐ Yes    ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?    ☐ Yes    ☐ No

Reason for Leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

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4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

.....

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

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6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

7) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

Use backside of sheet for additional employers

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**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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### **Certification**

**“I certify 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.”**

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

\_\_\_\_\_  
Date Signed

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#### **TO BE COMPLETED BY THE EMPLOYER:**

**Application received by:**

**Application reviewed for completeness by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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#### **SIGNIFICANT DATES:**

Date of Hire: \_\_\_\_\_

Time & Date of Pre-Employment CST: \_\_\_\_\_

Time & Date of Pre-Employment CST Results Received: \_\_\_\_\_

Date First Used in Safety Sensitive Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

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**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

.....  
Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**49 CFR 40.25(j)**

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation <u><b>MUST BE PROVIDED</b></u> before any safety-sensitive transportation function is performed.		

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

\_\_\_\_\_  
Date Signed

**TO BE COMPLETED BY EMPLOYER:**  
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Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, I find this person is qualified, and, if applicable, only when:

wearing corrective lenses

wearing hearing aid

accompanied by a \_\_\_\_\_waiver/exemption

driving within an exempt intracity zone (49 CFR 391.62)

accompanied by a Skill Performance Evaluation Certificate (SPE)

qualified by operation of 49 CFR 391.64

The information I have provided regarding the physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner	Telephone	Date
Medical Examiner's Name (Print)	MD Physician Assistant	DO Chiropractor Advanced Practice Nurse
Medical Examiner's License or Certificate No. / Issuing State		
Signature of Driver	Driver's License No.	State
Address of Driver		
Medical Certificate Expiration Date		