TRANSPORTATION, LLC

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L&P Transportation LLC

P.O. Box 757, Carthage, MO 64836
800-624-0323

Application ID: 1715169120

Leggett & Platt, Incorporated & Subsidiaries Driver Application Form

Job Applied For * | **First Name** * | **Middle** | **Last Name** * | **Social Security No.** *

Date of Birth * | **Mobile Phone No.** * | **Other Phone No.** | **Email Address** *

Present Address * | **Address 2*** | **City** * | **State/Province** * | **ZIP** * | **County** | **Yrs at this address** *

*If at current address less than 7 years, list below most recent addresses for the past 7 years.

Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address

Who Referred You?:

Have you worked for this company or its subsidiaries before?:

○ Yes ○ No

If you worked for this company before please provide dates of employment.:

If you have worked for this company before what location were you employed?:

If you worked for this company before what position(s) were you employed in?:

Commercial Driver's License

Name - Exactly as it appears on your driver's license * | **Maiden or other name used**

CDL Type *

○ A ○ B ○ C ○ None

Endorsements (check all that apply)

☐ H ☐ T ☐ N ☐ X ☐ P

License Expiration Date *

Air Brake Restriction? *

○ Yes ○ No

Automatic Transmission Restriction *

☐ Yes ☐ No

Years of CDL Experience

Current Driver's License Number * | **Issuing State/Province** * | **Current DOT Medical Card** *

○ Yes ○ No

DOT Medical Card Expiration Date

Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van		Doubles		Flatbed	
Tanker		Reefer:		Switching(yard tractor)	
Dump		CDL B			

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			

List special courses or training that will help you as a driver:

List driving awards held and who presented them:

Additional Licenses

List ALL additional licenses held in the past 5 years.

State/Province	License no.	Class	Endorsement(s)	Expiration date

◯ Yes ◯ No - Has any license, permit, or privilege ever been suspended, revoked, or denied? *

◯ Yes ◯ No - Have you ever been convicted for driving under the influence of drugs or alcohol? *

◯ Yes ◯ No
- Have you ever tested positive or refused to test on any pre-employment drug and / 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 2 years? *

◯ Yes ◯ No - Have you ever been convicted of a felony or misdemeanor? *

Accident Review For Past 5 Years

If no Accidents to report, you must check this box.

☐ No Accidents to report.

Click on the Plus sign to add additional Accidents.

	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					◯ Personal ◯ Commercial

Traffic Convictions & Forfeitures For Past 5 Years

If no Traffic Convictions or Forfeitures to report, you must check this box.

☐ No Traffic Convictions or Forfeitures to report.

Click on the Plus sign to add additional Traffic Convictions or Forfeitures.

Location	Date	Charge(other Than Parking Violations)	Penalty

Employment History

You must provide accurate dates of employment and phone numbers covering the last ten years (per DOT regulation). We cannot hire you without verifying employment. If you need to list additional employers, click "Add Another Employer" below.

Are you currently working? ○ Yes ○ No

EMPLOYER #1

Company * | **Supervisor's Name** | **Supervisor Phone** | **Salary**

Street Address | **City** | **State/Province**

Position Held * | **From Date (mm/yy)** * | **To Date (mm/yy)** *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? | **Number of Months:** | **Equipment**

Were you subject to the FMCSRs while employed by this employer? *

○ Yes ◉ No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

○ Yes ◉ No

Employment Gap

Description of Gap (What were you doing during this gap?) * | **From Date (mm/yy)** * | **To Date (mm/yy)** *

May we contact current employer? ○ Yes ○ No

By signing and submitting this application you authorize Leggett & Platt Incorporated and its subsidiaries to use HireRight, Tulsa, Oklahoma for your background investigation. This investigation may include driving records, criminal records, employment history verification, Social Security Number Validation, etc. from federal, state and other agencies which maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies, and state provided driving records. You have the right to make a request to HireRight to request the nature and substance of all information in its files including the sources of information; and the recipients of any reports which HireRight has previously furnished within the two year period preceding your request. Do you authorize, without reservation, any party or agency contacted by HireRight to furnish the above-mentioned information and consent to Leggett & Platt Incorporated & its subsidiaries obtaining the above information from HireRight?:

- ○ **Yes**
- ○ **No**

Authorization

I understand that my completing this application does not imply any promise of my employment with Leggett & Platt. I further understand that if I am employed, my employment will be at will, and, I may leave employment or Leggett & Platt may terminate my employment at any time for any reason or for no reason.

Should Leggett & Platt employ me, I will be able to show proof of my legal right to work in the Unites States as required by the Immigration Reform & Control Act of 1986. I understand I may request accommodation if I am currently disabled or become disabled.

I realize that as a part of the applicant process I will be required to undergo a D.O.T. substance abuse screening and D.O.T. physical. I understand that if I am offered a job, my employment with Leggett & Platt will be dependent upon my satisfactory completion of the D.O.T. substance abuse screening and D.O.T. physical.

It is agreed and understood that the employer or its agents may investigate the applicant and background to determine the accuracy and completeness of this information and I as the applicant release employers and persons named herein from all liability for any damage on account of his/her furnishing such information.

I understand according to 391.23(i)(1) of the Federal Motor Carrier Safety Regulations I as a driver applicant have the right to review the information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. If I wish to review previous employer-provided investigative information I must submit a written request to Leggett & Platt Corporate Logistics - Compliance Department up to thirty (30) days after being employed or being notified of denial of employment.

I certify that the information on 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 understand that the falsification of any information on this application will be grounds for Leggett & Platt, to refuse to hire me or to terminate my employment should such falsification be discovered after I am employed.

Leggett & Platt is an equal employment opportunity/Affirmative Action/Veteran/Disability Employer

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☐ *I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

☐ * I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.
You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- ☐ * Inquiry to Previous Employer
- ☐ * Previous Employer Inquiry For Driving History & Safety Performance
- ☐ * PSP Consent Form
- ☐ * Consent for Release of Info Form
- ☐ * Disclosure and Authorization Form
- ☐ * Pre-Employment Controlled Substance Consent Form

☐ * Fair Credit Reporting Act Consumer Rights

☐ * Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name* **Signature*** **Date**

2024-05-08 11:52:00