

# U.S. Xpress, INC.

4080 Jenkins Road / Chattanooga, TN 37421

## Driver Application

This application is current for thirty (30) days only. Thereafter, if you wish to be considered for employment, you must fill out a new application. All information must be completed, if a question does not apply, write NONE or "0". PLEASE PRINT

Please fax completed application to . . .

APPLICANTS, DO NOT WRITE ABOVE THIS LINE

### PERSONAL

|                             |       |                   |       |
|-----------------------------|-------|-------------------|-------|
| NAME                        | _____ | SOCIAL SECURITY # | _____ |
| LAST                        | FIRST | MIDDLE            |       |
| OTHER NAMES USED            | _____ |                   |       |
| DATE OF BIRTH               | _____ | EMAIL ADDRESS     | _____ |
| ADDRESS                     | _____ | PHONE #           | _____ |
| STREET                      | CITY  |                   |       |
| STATE                       | ZIP   | CELL PHONE #      | _____ |
| NOTIFY IN CASE OF EMERGENCY | _____ | PHONE #           | _____ |
| ADDRESS                     | _____ |                   |       |
| STREET                      | CITY  | STATE             | ZIP   |
| REFERRED TO USX BY WHOM?    | _____ |                   |       |

### RESIDENCE ADDRESS

LIST RESIDENCE ADDRESSES FOR THE PAST 3 YEARS

|         |       |    |       |        |       |      |       |       |       |     |       |
|---------|-------|----|-------|--------|-------|------|-------|-------|-------|-----|-------|
| (1)FROM | _____ | TO | _____ | STREET | _____ | CITY | _____ | STATE | _____ | ZIP | _____ |
| (1)FROM | _____ | TO | _____ | STREET | _____ | CITY | _____ | STATE | _____ | ZIP | _____ |
| (1)FROM | _____ | TO | _____ | STREET | _____ | CITY | _____ | STATE | _____ | ZIP | _____ |

### EDUCATION

|   |                              |                             |                 |       |
|---|------------------------------|-----------------------------|-----------------|-------|
| HAVE YOU ATTENDED TRUCK DRIVING SCHOOL? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | GRADUATION DATE | _____ |
| NAME                                    | _____                        | LOCATION                    | _____           |       |

### MILITARY STATUS

|  |                              |                             |       |    |       |
|--|------------------------------|-----------------------------|-------|----|-------|
| HAVE YOU SERVED IN THE U.S. ARMED FORCES?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |       |    |       |
| BRANCH   | _____                        | DATES: FROM                 | _____ | TO | _____ |
| ARE YOU CURRENTLY A MEMBER OF THE ACTIVE RESERVES OR NATIONAL GUARD? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |       |    |       |
| LIST ANY SPECIAL SKILLS OR TRAINING THAT YOU RECEIVED                | _____                        |                             |       |    |       |

## DRIVING EXPERIENCE – (Student must complete this section also)

| TYPE OF EQUIPMENT                                  | LENGTH OF EXPERIENCE | APPROXIMATE # OF MILES |
|--|----------------------|------------------------|
| TRACTOR AND SEMI TRAILER _____                     | _____                | _____                  |
| STRAIGHT TRUCK _____                               | _____                | _____                  |
| OTHERS _____                                       | _____                | _____                  |
| IN WHAT STATES HAVE YOU DRIVEN IN REGULARLY? _____ |                      |                        |

## WORK EXPERIENCE – Please include dates of unemployed time.

SHOWING THE PAST THREE (3) YEARS EMPLOYMENT, AND / OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS, LIST BELOW PAST AND PRESENT EMPLOYERS, BEGINNING WITH YOUR PRESENT OR MOST RECENT, ALL TIME MUST BE ACCOUNTED FOR INCLUDING UNEMPLOYMENT!

|                    |       |     |  |       |          |
|--------------------|-------|-----|--|-------|----------|
| Unemployed         | From: | To: | To verify call:  | Name: | Phone #: |
|                    | From: | To: | Area Code - Phone #  |       |          |
| Name of Company    |       |     | Your Job Classification  |       |          |
| Address of Company |       |     | Reason for Leaving   |       |          |
| City               |       |     | State  |       |          |
| City               |       |     | Zip  |       |          |
| Accidents          |       |     | YES or NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  |       |          |
| Equipment Driven   |       |     | <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____ Miles Per Week _____ |       |          |
| Unemployed         | From: | To: | To verify call:  | Name: | Phone #: |
|                    | From: | To: | Area Code - Phone #  |       |          |
| Name of Company    |       |     | Your Job Classification  |       |          |
| Address of Company |       |     | Reason for Leaving   |       |          |
| City               |       |     | State  |       |          |
| City               |       |     | Zip  |       |          |
| Accidents          |       |     | YES or NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  |       |          |
| Equipment Driven   |       |     | <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____ Miles Per Week _____ |       |          |
| Unemployed         | From: | To: | To verify call:  | Name: | Phone #: |
|                    | From: | To: | Area Code - Phone #  |       |          |
| Name of Company    |       |     | Your Job Classification  |       |          |
| Address of Company |       |     | Reason for Leaving   |       |          |
| City               |       |     | State  |       |          |
| City               |       |     | Zip  |       |          |
| Accidents          |       |     | YES or NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  |       |          |
| Equipment Driven   |       |     | <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____ Miles Per Week _____ |       |          |
| Unemployed         | From: | To: | To verify call:  | Name: | Phone #: |
|                    | From: | To: | Area Code - Phone #  |       |          |
| Name of Company    |       |     | Your Job Classification  |       |          |
| Address of Company |       |     | Reason for Leaving   |       |          |
| City               |       |     | State  |       |          |
| City               |       |     | Zip  |       |          |
| Accidents          |       |     | YES or NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  |       |          |
| Equipment Driven   |       |     | <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____ Miles Per Week _____ |       |          |

|                    |       |  |   |                                |                |
|--------------------|-------|--|---|--------------------------------|----------------|
| Unemployed         | From: | To:                                      | To verify call:                         | Name:                          | Phone #:       |
| From:              |       | To:                                      |   | Area Code - Phone #            |                |
| Name of Company    |       |  | Your Job Classification                 |                                |                |
| Address of Company |       |  | Reason for Leaving                      |                                |                |
| City               |       | State                                    | Zip                                     |                                |                |
| Accidents          |       | YES or NO                                | HOW MANY (PLEASE CIRCLE)                |                                | 1 2 3 4 / MORE |
| Equipment Driven   |       | <input type="checkbox"/> Tractor Trailer | <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Other | Miles Per Week |

  

|                    |       |  |   |                                |                |
|--------------------|-------|--|---|--------------------------------|----------------|
| Unemployed         | From: | To:                                      | To verify call:                         | Name:                          | Phone #:       |
| From:              |       | To:                                      |   | Area Code - Phone #            |                |
| Name of Company    |       |  | Your Job Classification                 |                                |                |
| Address of Company |       |  | Reason for Leaving                      |                                |                |
| City               |       | State                                    | Zip                                     |                                |                |
| Accidents          |       | YES or NO                                | HOW MANY (PLEASE CIRCLE)                |                                | 1 2 3 4 / MORE |
| Equipment Driven   |       | <input type="checkbox"/> Tractor Trailer | <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Other | Miles Per Week |

  

|                    |       |  |   |                                |                |
|--------------------|-------|--|---|--------------------------------|----------------|
| Unemployed         | From: | To:                                      | To verify call:                         | Name:                          | Phone #:       |
| From:              |       | To:                                      |   | Area Code - Phone #            |                |
| Name of Company    |       |  | Your Job Classification                 |                                |                |
| Address of Company |       |  | Reason for Leaving                      |                                |                |
| City               |       | State                                    | Zip                                     |                                |                |
| Accidents          |       | YES or NO                                | HOW MANY (PLEASE CIRCLE)                |                                | 1 2 3 4 / MORE |
| Equipment Driven   |       | <input type="checkbox"/> Tractor Trailer | <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Other | Miles Per Week |

### ALCOHOL & CONTROLLED SUBSTANCE TESTING

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you failed a DOT drug test in the past 3 years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. HAVE YOU HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF 0.04 OR GREATER IN THE LAST THREE YEARS?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. HAVE YOU REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST THREE YEARS? (INCLUDING VERIFIED ADULTERATED OR SUBSTITUTED DRUG TEST RESULTS)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. HAVE YOU COMMITTED OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING?<br><small>*If yes to any of the above questions please attach substance professional name, address, and phone # for further reference.</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HAVE YOU EVER BEEN CONVICTED OF DWI, DUI, CARELESS OR RECKLESS DRIVING, 15 MPH OVER THE POSTED SPEED LIMIT LEAVING ACCIDENT SCENE, OR USING COMMERCIAL VEHICLE IN COMMISSION OF A FELONY\* (LIST ALL OFFENSES)

YES  NO DATE \_\_\_\_\_ EXPLAIN \_\_\_\_\_  
 HAS YOUR LICENSE OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON\*  YES  NO DATE \_\_\_\_\_  
 EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?\* *Massachusetts residents should not provide information on criminal history.*

YES  NO DATE \_\_\_\_\_ EXPLAIN \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?\*

YES  NO DATE \_\_\_\_\_ EXPLAIN \_\_\_\_\_

|  |                   |     |                  |              |                        |                     |
|--|-------------------|-----|------------------|--------------|------------------------|---------------------|
| <b>LIST ALL DRIVERS LICENSES THAT YOU PRESENTLY HOLD OR HAVE HELD IN THE PAST.</b> | <b>CIRCLE ONE</b> |     | <b>LICENSE #</b> | <b>STATE</b> | <b>EXPIRATION DATE</b> | <b>ENDORSEMENTS</b> |
|  | POV               | CMV |                  |              |                        |                     |
|  | POV               | CMV |                  |              |                        |                     |
|  | POV               | CMV |                  |              |                        |                     |
|  | POV               | CMV |                  |              |                        |                     |

## ACCIDENTS

List and explain in detail giving dates and locations of all accidents that you have been involved in during the past five years, in any type of vehicle, and regardless of whether you feel they were chargeable or nonchargeable. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO ACCIDENTS IN THE PAST 5 YEARS, WRITE "NONE".**

| Date                  | Type<br>Vehicle | Whose<br>Fault | Fatalities?<br>Yes or No | Injuries?<br>Yes or No | Amount of<br>Damage |
|-----------------------|-----------------|----------------|--------------------------|------------------------|---------------------|
|                       |                 |                |                          |                        |                     |
| Describe the Accident |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |

| Date                  | Type<br>Vehicle | Whose<br>Fault | Fatalities?<br>Yes or No | Injuries?<br>Yes or No | Amount of<br>Damage |
|-----------------------|-----------------|----------------|--------------------------|------------------------|---------------------|
|                       |                 |                |                          |                        |                     |
| Describe the Accident |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |

| Date                  | Type<br>Vehicle | Whose<br>Fault | Fatalities?<br>Yes or No | Injuries?<br>Yes or No | Amount of<br>Damage |
|-----------------------|-----------------|----------------|--------------------------|------------------------|---------------------|
|                       |                 |                |                          |                        |                     |
| Describe the Accident |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |

| Date                  | Type<br>Vehicle | Whose<br>Fault | Fatalities?<br>Yes or No | Injuries?<br>Yes or No | Amount of<br>Damage |
|-----------------------|-----------------|----------------|--------------------------|------------------------|---------------------|
|                       |                 |                |                          |                        |                     |
| Describe the Accident |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |
|                       |                 |                |                          |                        |                     |

## TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 5 years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO TRAFFIC VIOLATIONS IN THE PAST 5 YEARS, WRITE "NONE".**

| Traffic Conviction (s): Describe | Date | City & State | Penalty | Circle One |     |
|----------------------------------|------|--------------|---------|------------|-----|
|                                  |      |              |         | POV        | CMV |
|                                  |      |              |         |            |     |
|                                  |      |              |         |            |     |
|                                  |      |              |         |            |     |
|                                  |      |              |         |            |     |
|                                  |      |              |         |            |     |
|                                  |      |              |         |            |     |
|                                  |      |              |         |            |     |

### AGREEMENT AND RELEASE (PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)

This certifies that my qualification form was completed by me and all entries on it are true and complete to the best of my knowledge. I also agree that falsified information and significant omissions may result in my disqualification now or at any time. I understand that USX uses an electronic filing and signature system which includes the imaging and storing of forms and applications. Therefore, my original paper application will not be retained. I understand that an electronic signature will be binding upon me to the same extent as if handwritten. I understand that my qualification can be terminated, with or without cause, at any time at the discretion of either USX or myself. In accordance with Section(s) 382.405, 382.413, & 391.23 of the FMCSR, I authorize any and all persons and/or institutions to provide any relevant information, including but not limited to my accident history, that may be required to complete my qualification and I agree to release them from any and all liability for supplying said information.

  
Signature

  
Date

USX is an Equal Opportunity Employer

## U.S. Xpress, Inc.

### Consumer Reports Disclosure and Release

In connection with my application for employment or to provide contractual services with U.S. Xpress, Inc. (USX), I understand that USX may obtain one or more consumer/background reports which may contain public record information, driving history, employment history, criminal history, and/or safety history from consumer reporting agencies, including but not limited to **DAC Services (also known as HireRight), e-Verifile, The Work Number, Ten Street, and/or the Federal Motor Carrier Safety Administrations (FMSCA) via Pre-Employment Screening Program (PSP)**. These reports may include, but not be limited to the following types of information from federal, state, and other agencies which maintain such records:

1. Names and dates of previous employment/contract services
2. Reasons for termination of employment or termination of contract services
3. Work Experience
4. Accident history/Driving Record
5. Previous records requests from other companies; and
6. Criminal reports

USX cannot obtain consumer/background reports unless you consent in writing.

**If you agree that USX may obtain such consumer/background reports, please read the following and sign below:** 

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I authorize USX to access the FMSCA PSP system and various consumer reports to seek information regarding my commercial driving safety record, safety inspection history, employment history and criminal records. I understand that my consent includes consent to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. Other reports may provide information from the previous seven (7) years. I understand and acknowledge that this release of information may assist USX to make a determination regarding my suitability as a driver.

If you desire to receive a copy of your investigative consumer/background reports that were provided to USX, you may do so by making such a request to USX and providing proper identification.

I understand that neither USX nor the FMSCA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand that I may challenge the accuracy of the data by submitting a request to [DataQs](#). If I am challenging crash or inspection information reported by a state agency, FMSCA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State agency for adjudication.

If you desire to receive a copy of your investigative consumer/background reports that were provided to USX, if applicable, by PSP, HireRight/DAC Services, e-Verifile, Ten Street, or The Work Number, you may obtain a free copy from the respective consumer reporting agency within 60 days of your request. You may also dispute the accuracy or completeness of any information in your consumer/background reports via the contact information listed below:

HireRight, Inc./DAC Services 5151 California Avenue, Irvine, CA 92617  
1-800-490-7983

e-Verifile.com, Inc. 900 Circle 75 Parkway, Suite 1550 Atlanta, GA 30339  
1-800-853-3228, Ext. 3

PSP/FMSCA 1200 New Jersey Avenue, SE Washington, DC 20590  
1-800-832-5660

The Work Number 11432 Lackland, St. Louis, MO 53146  
1-866-662-3343

Ten Street 1120 East 25th Street, Tulsa, OK 74114-2614  
(877) 219-9283

I have read the above Consumer Reports Disclosure and Release provided to me by USX. I understand that if I sign this consent form, USX may obtain a report of my work history, criminal history, driving, crash and inspection history. I further understand that if I am hired by USX or if USX contracts with me, that DriverFacts and DAC Services may obtain my work history with USX and that such history will be supplied by DAC Services and DriverFacts to other companies that subscribe to DAC Services and to Driverfacts to companies requesting information related to my work history with USX.

I hereby authorize USX to obtain the information disclosed above. This authorization shall remain on file and shall serve as ongoing authorization for USX to obtain consumer/background reports at any time during my employment or while providing contractual services for USX.

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Print Name

**APPLICANTS AUTHORIZATION  
TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS**

I, \_\_\_\_\_, understand that as a condition of hire with  
(insert applicants name)

USXpress Inc. I must give USXpress Inc. written authorization to obtain the results of all D.O.T. required drug and/or alcohol tests (including any refusals to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with USXpress Inc.

Below I have listed all of the companies for which I have worked for as a driver, or to which I applied as a driver during the last (3) years. I hereby authorize USXpress Inc. to obtain from those companies, and I hereby authorize those companies to furnish to USXpress Inc. the following information concerning my drug and alcohol tests: (i) all positive drug tests results during the past three (3) years; (ii) all alcohol test results of 0.04 or greater during the past three (3) years; (iii) all alcohol tests results of 0.02 or greater but less than 0.04 during the past three (3) years; (iv) all instances in which I refused to submit to a D.O.T. required drug and/or alcohol test during the past three (3) years.

The following is a list of all the companies for which I worked as a driver, or for which I attended orientation as a driver, during the past three (3) years:

| <u>Company name and phone number</u> | <u>Dates worked for/applied to</u> |
|--------------------------------------|------------------------------------|
| _____                                | _____                              |
| _____                                | _____                              |
| _____                                | _____                              |
| _____                                | _____                              |
| _____                                | _____                              |

**APPLICANTS CERTIFICATION:**

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past three years.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
signature of applicant SSN DATE