

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

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 County	CELL PHONE #	_____
NOTIFY IN CASE OF EMERGENCY	_____	PHONE #	_____
ADDRESS	_____	STATE	ZIP
	STREET CITY		
AREA OF INTEREST (Check all that apply):	<input type="checkbox"/> OVER-THE-ROAD	<input type="checkbox"/> DEDICATED	<input type="checkbox"/> BOTH
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 _____ 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 _____		
	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 _____		
	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 _____		
	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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If yes to any of the above questions please attach substance professional name, address, and phone # for further reference.

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 _____

LIST ALL DRIVERS LICENSES THAT YOU PRESENTLY HOLD OR HAVE HELD IN THE PAST.	CIRCLE ONE		LICENSE #	STATE	EXPIRATION DATE	ENDORSEMENTS
	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 Vehicle	Whose Fault	Fatalities? Yes or No	Injuries? Yes or No	Amount of Damage
Describe the Accident					

Date	Type Vehicle	Whose Fault	Fatalities? Yes or No	Injuries? Yes or No	Amount of Damage
Describe the Accident					

Date	Type Vehicle	Whose Fault	Fatalities? Yes or No	Injuries? Yes or No	Amount of Damage
Describe the Accident					

Date	Type Vehicle	Whose Fault	Fatalities? Yes or No	Injuries? Yes or No	Amount of 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:

<--- Driver Sign Here

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 <https://dataqs.fmsca.dot.gov>. 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.

Date

Signature

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>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.

signature of applicant

SSN

DATE