

*This application must be completed in full. Federal regulations (49 CFR §391.21) require that all drivers applying for employment complete this form. Information is required for all positions involving driving a commercial motor vehicle.*

**1. PERSONAL INFORMATION**

Last Name \*  First Name \*  Middle Name  Suffix  Date of Application \*

Date of Birth \* (MM/DD/YYYY)  Social Security Number \*  Phone Number \*  Alternate Phone  Email Address

Present Address (Street) \*  City \*  State \*  ZIP \*  How long?

Previous Address (if less than 3 years at current)  City  State  ZIP  Dates

**2. EMPLOYMENT ELIGIBILITY**

Are you legally eligible to work in the United States? \*  Yes  No

Are you at least 21 years of age? (required for interstate CDL driving)  Yes  No

Position Applied For \*  Type of Employment Sought \*  Full-Time  Part-Time  Temporary Expected Pay Rate

**3. DRIVER'S LICENSE INFORMATION [49 CFR §391.21(B)(5)]**

CDL License Number \*  Issuing State \*  License Class \*  Class A  Class B  Class C Expiration Date \*

Endorsements (check all that apply):  H – Hazmat  N – Tank Vehicle  P – Passenger  S – School Bus  T – Double/Triple

X – Hazmat + Tank Restrictions (if any):

List ALL other states where you hold or have held a CDL or motor vehicle license in the past 3 years \*:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \*  Yes  No If Yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? \*  Yes  No If Yes, explain:

**4. EMERGENCY CONTACT**

Emergency Contact Name \*  Relationship \*  Phone \*  Address

Federal regulations require a complete 10-year employment history. List all employers starting with the most recent. Attach additional sheets if necessary.

**5. EMPLOYMENT HISTORY — PAST 10 YEARS (MOST RECENT FIRST)**

**Employer 1 (Most Recent)**

Company Name \*  Job Title / Position  From (MM/YYYY)  To (MM/YYYY)

Address (Street, City, State, ZIP) \*  Phone Number \*  Contact / Supervisor

Reason for Leaving \*  Subject to FMCSR? \*  Yes  No Safety-sensitive position? \*  Yes  No

**Employer 2**

Company Name \*  Job Title / Position  From (MM/YYYY)  To (MM/YYYY)

Address (Street, City, State, ZIP) \*  Phone Number \*  Contact / Supervisor

Reason for Leaving \*  Subject to FMCSR? \*  Yes  No Safety-sensitive position? \*  Yes  No

**Employer 3**

Company Name \*  Job Title / Position  From (MM/YYYY)  To (MM/YYYY)

Address (Street, City, State, ZIP) \*  Phone Number \*  Contact / Supervisor

Reason for Leaving \*  Subject to FMCSR? \*  Yes  No Safety-sensitive position? \*  Yes  No

**Employer 4**

Company Name \*  Job Title / Position  From (MM/YYYY)  To (MM/YYYY)

Address (Street, City, State, ZIP) \*  Phone Number \*  Contact / Supervisor

Reason for Leaving \*  Subject to FMCSR? \*  Yes  No Safety-sensitive position? \*  Yes  No

5. EMPLOYMENT HISTORY (CONTINUED)

Employer 5

Company Name \*, Job Title / Position, From (MM/YYYY), To (MM/YYYY), Address (Street, City, State, ZIP) \*, Phone Number \*, Contact / Supervisor, Reason for Leaving \*, Subject to FMCSR? \* [Yes/No], Safety-sensitive position? \* [Yes/No]

5A. EXPLAIN ANY GAPS IN EMPLOYMENT EXCEEDING 30 DAYS

If you have had any periods of unemployment lasting more than 30 days, please explain each gap (dates and reason):

6. DRIVING EXPERIENCE [49 CFR §391.21(B)(6)]

Table with columns: Equipment Type, Approx. # Miles, From, To. Rows include Straight Truck, Tractor-Semi Trailer, Tractor - Two Trailers (Doubles), Tractor - Three Trailers (Triples), Tank Vehicle, Flatbed / Step Deck, Other (specify below). Includes Name of other equipment: field.

7. ACCIDENT RECORD — PAST 3 YEARS [49 CFR §391.21(B)(8)]

Table with columns: Nature of Accident, Date, City & State, # Fatalities, # Injuries, Hazmat Spill? [Yes/No]. Multiple rows for accident entries.

No accidents in the past 3 years: [checkbox]

8. TRAFFIC VIOLATIONS — PAST 3 YEARS [49 CFR §391.21(B)(7)]

Table with columns: Violation Description, Date, City & State, Penalty / Fine, License Suspended? [Yes/No]. Multiple rows for violation entries.

No traffic violations in the past 3 years: [checkbox]

**9. DOT COMPLIANCE QUESTIONS [49 CFR §391.23 / §382]**

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which DOT/FMCSA drug and alcohol testing rules applied?  Yes  No

Were you previously employed in a safety-sensitive function for any DOT-regulated employer during the past 2 years? (If yes, list employer(s) in employment history above)  Yes  No

Are you currently under a return-to-duty program or have you failed to complete a required return-to-duty program in the past?  Yes  No

Have you ever been convicted of a felony? (A conviction record is not an automatic disqualifier.)  Yes  No

Are you subject to any outstanding warrant or pending criminal charges?  Yes  No

If Yes to any question above, please explain:

[Empty text box for explanation]

**10. EDUCATION & TRAINING**

Highest Level of Education:

- High School / GED     Vocational / Trade     Some College     College Degree     Graduate Degree

CDL Training School (if applicable):

City/State: \_\_\_\_\_ Year: \_\_\_\_\_

**11. SPECIAL SKILLS & CERTIFICATIONS**

Check all that apply:

- HAZMAT Certified     TWIC Card Holder     Tanker Certified     Doubles/Triples     Passenger (P)  
 Air Brakes     Electronic Logs (ELD)     Forklift Operator     Oversized Load     Flatbed/Tarping

**12. PROFESSIONAL REFERENCES**

Reference 1 – Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Company / Employer \_\_\_\_\_

Reference 2 – Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Company / Employer \_\_\_\_\_

**13. APPLICANT CERTIFICATION & AUTHORIZATION [49 CFR §391.21(D)]**

This certifies 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. I understand that federal law (49 CFR §391.21) and company policy require the completion of this form. I authorize Xpedited Transport LLC to investigate all statements herein and to obtain full information relative to my driving record, employment history, criminal history, credit history, and any other background information. I authorize former employers, schools, law enforcement agencies, and any other persons to furnish any information concerning my background. I release all parties from any liability for providing such information. I understand that any misrepresentation or omission of facts called for in this application may result in disqualification or immediate dismissal. I understand that this is not a contract of employment.

Per 49 CFR §391.23, I acknowledge that Xpedited Transport LLC is required to conduct investigations of my safety performance history with all DOT-regulated employers for whom I have worked in the past 3 years, and that I have the right to review that information, request corrections, and to have a rebuttal statement added to the file.

Applicant Signature \* \_\_\_\_\_ Printed Name \* \_\_\_\_\_ Date \* \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reviewed By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Application Status: \_\_\_\_\_ Notes: \_\_\_\_\_