



DRIVER QUALIFICATION REQUIREMENTS

Xxcell Freight Systems' goal is to hire and qualify strictly professional drivers. To assist in achieving this goal, the following policies and procedures have been put in place. By doing so, it will ensure that all drivers are experienced, qualified and minimally meet D.O.T standards.

The safe and efficient transport of cargo is crucial to the success of our organizations. In accordance with the U.S Department of Transportation (D.O.T) regulations, as adopted by the State of Texas and in support of the company's commitment to safety, all contractor applicants will be required to meet the following criteria:

- Must be at least twenty three (23) years of age
- Must have at least three (3) years VERIFIABLE driving history in a commercial motor vehicle.
- Must have a minimum of (1) year pipe experience.
- Valid Class A commercial driver's license
- Combined number of moving violations and accidents cannot exceed two (2) in a three (3) year period with no more than one (1) accident in the past twenty-four (24) months.
- Contractor (or his/her employee) must successfully pass a D.O.T physical exam and pre-employment drug screen. A D.O.T drug screen is required of ALL Independent Owner-Operators wanting to enter into an agreement with the company.
- The Owner-Operator or Independent Contractor must pass a road test and be proficient in the operation of all equipment (trucks and trailers) operated by the company.
- Submit evidence of eligibility to work in the United States of America by filling out the U.S. Department of Justice form, I-9.
- Must not have a DWI/DUI within the past (7) years and only one in a lifetime.
- No Felony or Misdemeanor convictions involving any sexual nature, or possession of a controlled substance with intent to distribute. (All other convictions will be reviewed at management level.)
- Must never have refused or tested positive for alcohol or a controlled substance as defined by part CFR part 40.

If contractor meets these requirements, then he/she will be on a probationary period of ninety (90) days. During this time, the contractor will be continually observed and evaluated.

The Safety Department is responsible for the final qualification of the driver applicants and will provide verification of eligibility. The Safety Department will qualify contractor applicants according to D.O.T requirements and company policies and procedures.

Applicant Signature: _____ Date: _____



COMMERCIAL DRIVER APPLICATION

APPLICANT INFORMATION TERMINAL _____

DATE _____ Position applying for: Contractor Driver Contractor's Driver

NAME _____

PHONE () _____ EMAIL ADDRESS _____

EMERGENCY CONTACT _____

EMERGENCY PHONE () _____

DATE OF BIRTH _____ SS# _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

FROM TO
FROM TO
FROM TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes No

If yes, give dates: From To

Reason for leaving? _____

EDUCATION HISTORY:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

Please circle the highest grade completed:

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Type of Loads Hauled: _____ Types of Trailers Used: _____

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Present or Last Employer
From To Name

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Type of Loads Hauled: _____ Types of Trailers Used: _____

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____
Type of Loads Hauled: _____ Types of Trailers Used: _____
Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____
Type of Loads Hauled: _____ Types of Trailers Used: _____
Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____
Type of Loads Hauled: _____ Types of Trailers Used: _____
Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____
Type of Loads Hauled: _____ Types of Trailers Used: _____
Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____
Type of Loads Hauled: _____ Types of Trailers Used: _____
Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks: (For office use only)



2421 W. 7th St. Suite 350
Fort Worth, Texas 76107

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of **Xcell Freight Systems**. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit **Xcell Freight Systems** to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as **Xcell Freight Systems** and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of FleetScreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to **Xcell Freight Systems** as part of its investigation of my employment application.

FULL NAME _____ A.K.A _____

ADDRESS _____ CITY/ST. _____ ZIP _____

PREVIOUS ADD. _____ CITY/ST. _____ ZIP _____

*DOB _____ SSN _____

DRIVERS LICENSE No. _____ STATE ISSUED _____

Applicant Signature: _____ Date: _____

*This is for criminal purposes only

Must be completed by client before investigation will be performed

Client: _____ Manager: _____ Date: ____/____/____

Please check all that apply

STATE CRIM _____ COUNTY CRIM _____ NATIONAL CRIM _____ SSN _____ MVR _____ CDL: YES / NO
EMPLOYMENT _____ EDUCATION _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name) _____	First, M.I., Last _____	Social Security Number _____
hereby authorize:		Date of Birth _____
Previous Employer: _____	Email: _____	
Street: _____	Telephone: _____	
City, State, Zip: _____	Fax No.: _____	
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ . (date of employment application)		
To:		
Prospective Employer: _____		
Attention: _____	Telephone: _____	
Street: _____		
City, State, Zip: _____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number: _____		
Prospective employer's confidential email address: _____		
_____ Applicant's Signature		_____ Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____		Telephone: _____
Signature: _____		Date: _____
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.		

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here and return. Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

- Within the past 3 years from the application date shown on SIDE 1:
- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | |
| • Alcohol use after an accident, in violation of §382.303. | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
 Motor Carrier Bureau, MSC #0521
 6200 Guadalupe, Building P
 Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
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_____ ,
 Print Name of CDL Holder Phone Number

 Print full Address, City, State and Zip of CDL Holder

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law to

_____ ,
 Print Motor Carrier's Name Phone Number

 Print full Address, City, State and Zip of Motor Carrier

Signature of Driver X	Date
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If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.