[Your Name]

[City, State] | [Phone] | [Email]

SUMMARY

Class [A or B] CDL driver with [number] years and about [number] miles [over the road, regional or local]. Clean MVR, [no or number] preventable accidents, and experience with [types of freight, for example dry van and reefer].

LICENSE AND ENDORSEMENTS

Class [A or B] CDL, [State], valid through [Month Year]
Endorsements: [for example H, N, T or X, or none]
DOT medical card valid through [Month Year]
[TWIC card, if you have one]

EXPERIENCE

[Company Driver], [Carrier name]
[Home terminal city, State] | [Month Year] to Present

- Drive [routes, for example regional routes in five states] and average about [number] miles a week.
- Haul [freight type] with [equipment, for example a 53-foot dry van].
- Complete pre-trip and post-trip inspections and keep hours of service logs on an ELD.
- Delivered on time [number] percent of the time by the carrier's count.

[Previous job, for example Delivery Driver or Warehouse Associate], [Employer]
[City, State] | [Month Year] to [Month Year]

- [A line about driving, loading or working on a schedule.]

EQUIPMENT

- [Trailer types you have pulled]
- [Manual or automatic transmission]
- [Liftgate, pallet jack or forklift, if used]

TRAINING

[CDL school or company training program], [City, State], [Year]

EDUCATION

[High school name, or GED program], [City, State]
[High school diploma or GED], [Year]