

DRIVER QUALIFICATION APPLICATION



FAF, Inc.

Please print in ink in your own handwriting.

*Note: Please answer or check all questions. If the answer to any question is "No" or "None," do not leave the item blank, write "No" or "None." **This application will not be considered unless complete.***

Applicant's Name: Last _____ First _____ Middle _____

Social Security Number - - **Applicant's Date of Birth:** _____

Present Address: Street _____ City _____ State _____ Zip _____

How Long There: Months _____ Years _____ **Home Phone:** (____) _____ **Work Phone:** (____) _____

In Case of Emergency Notify: Name _____ Address _____

Phone: (____) _____

Are you authorized to work in the United States? Yes No

If you are a resident alien, please give your alien number from your Resident Alien Card, Form I-551: _____

Driver Qualification Status Applied For:

Company Driver: List closest terminal _____

Owner-Operator: Individual or business name _____ **Phone:** (____) _____

Address _____

Contractor Driver: Name of employing contractor _____

Contractor's address _____

Have you ever applied to be qualified as a driver by FAF, Inc.? Yes No **If so, when** _____

How did you first learn of FAF, Inc.? Equipment Friend Relative Advertisement Other Driver

FAF, Inc. driver who referred you to us: _____

PLEASE READ CAREFULLY

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- B. Has your motor vehicle operator's license, permit, or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified from driving a motor vehicle under the D.O.T. regulations? Yes No
- D. Have you ever been convicted for driving under the influence of alcohol or drugs? Yes No
- E. Have you ever been convicted for possession, sale, or use of narcotic drugs, amphetamines, or a derivative? Yes No
- F. Have you ever been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc.? Yes No
- G. Have you, within the five (5) years preceding the date of this application:
- (1) Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated? Yes No
- (2) Undergone a controlled substance test in which a positive result has been verified? Yes No
- (3) Refused to undergo either an alcohol or controlled substance test? Yes No
- H. Have you ever been convicted of a felony? Yes No

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing all your employers for the last 5 years, including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Also, list all employers for which you operated a commercial motor vehicle during years 6 - 10. Use supplementary sheet if necessary.

CURRENT EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

SECOND LAST EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

THIRD LAST EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

FOURTH LAST EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

FIFTH LAST EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

SIXTH LAST EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

SEVENTH LAST EMPLOYER

From: Month ____ / Day ____ / Year ____ To: Month ____ / Day ____ / Year ____
Phone Number: (____) _____
Type of Equipment Driven _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Compensation: _____
Reason For Leaving: _____ Areas in which you drove: _____

Use separate sheet for additional employment history, if necessary.

PHYSICAL CONDITION

Do you have a current D.O.T. physical certificate? Yes No

Are you physically capable of heavy manual work that may be required in the loading and unloading of cargo and the operation of over-the-road tractors and semi-trailers with or without reasonable accommodation? Yes No

MOTOR VEHICLE RECORD

DRIVERS LICENSE: LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE YEARS

Note: Holders of a Commercial Drivers License must not have an air brake restriction and must have the Hazardous Materials Endorsement.

State	License Number	Class	Endorsements	Expiration Date

If Applicant Has Within The Last 10 Years Held A Drivers License In Any Other Name, Please Provide The Other Name Here:

Last _____ First _____ Middle _____

TRAFFIC CONVICTIONS AND FORFEITURES: LIST FOR THE PAST FIVE YEARS.

Includes On-Duty or Off-Duty and while in personal vehicle (other than parking violations). If none, write none.

Date	Location (City)	Type of Vehicle	Charge - if speeding, how fast?

ACCIDENT RECORD.

List all involvement with motor vehicles including property damage for the past five years, including preventable and non-preventable. If none, write none.

Date	Type of Vehicle	Nature of Accident	Preventable or Non-Prev.	Fatalities	Injuries	City/State	Employer

To date, I have driven trucks for _____ years, covering approximately _____ miles. The date of my last accident while driving a commercial vehicle was _____. Since that time, I have driven approximately _____ accident free miles.

SAFE DRIVING AWARDS, ETC.

Date	Kind of Award	Presented By	While Employed By	In Recognition Of

PERSONAL REFERENCES

List 3 personal references (other than relatives or past employers):

Name _____ Address _____ Occupation _____ Phone (____) _____
Name _____ Address _____ Occupation _____ Phone (____) _____
Name _____ Address _____ Occupation _____ Phone (____) _____

APPLICANT'S STATEMENT

I hereby acknowledge that, prior to submitting this application, I have been informed that the information provided herein may be used, and that my references and prior employers may be contacted, for the purpose of investigating my background.

I hereby authorize FAF, Inc., hereinafter the "Company," to investigate all statements in this application and to secure any necessary information from any of my references, prior employers, or other sources identified herein.

I hereby release the Company and any of my references, prior employers, or other sources identified herein from any all liability arising from their giving or receiving information about me or my driving record or employment history. I hereby authorize any law enforcement agency or court of record to furnish the Company information concerning my motor vehicle records, or any felony or misdemeanors of which I have been convicted.

I understand that any false or misleading statements in this application will be sufficient cause for rejection of my application if the Company has not already qualified me as a driver and for immediate disqualification if it has qualified me as a driver.

If this application is for qualification as a Company driver, I agree that the Company is not obligated to employ me. I further agree that if I am employed as a Company Driver, I have the right to terminate my employment at any time for any reason and that the Company has the same right. Any false, misleading or incomplete statement of the information requested in this application will be sufficient grounds for discharge from employment as a Company Driver.

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.

This driver qualification application, if complete, will be processed within ten (10) days after it is received by the Company. Any applicant wishing to be qualified as a driver beyond this time period should inquire as to whether or not applications are being accepted at that time.

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

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE PRECEDING STATEMENT

Signature of Applicant: _____ Date: _____

IMPORTANT: This application must be signed and dated by applicant in TWO PLACES.
Immediately **above** on the "Signature of Applicant" line and at top of **page 5** on "Applicant Sign Here" line.

To speed up the application process, please include COPIES of the following documents.

PLEASE DO NOT INCLUDE ORIGINAL DOCUMENTS

1. Accident report (if accident occurred in the last 5 years).
2. DD214 (For employment verification, if prior military service within the past 5 years).
3. School certificate and transcripts (if attended in the past 3 years).
4. Verification of unemployment (pay records or professional references*).
5. Verification of self-employment (tax records or professional references*).
6. W-2 forms (if employed by a company that has gone out of business).

* Professional references: Doctor, Attorney, Minister, Judge, etc.



FAF, Inc.

**Applicant: Please Do Not Complete This Form.
Sign Only Where Indicated.**

REQUEST FOR EMPLOYMENT INFORMATION

Applicant's Name: _____ Social Security Number

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You are hereby authorized to give to FAF, Inc. all information regarding my services, character and conduct while in your employ, and you are released from any liability which may result from giving such information.

In order to enable FAF, Inc. to comply with the requirements of 49 C.E.R. §382.413, I hereby consent to FAF, Inc. obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 C.E.R. §382.401 (b) (1) (i) through (iii) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the five (5) years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to FAF, Inc. in personal interviews, telephone interviews, letters, or any other method that insures confidentiality. I hereby authorize FAF, Inc. to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Date: _____ **Applicant Sign Here:** _____

SIGN ABOVE WHEN COMPLETING APPLICATION, BELOW THIS LINE IS FOR OFFICE USE ONLY!

For Office Use Only

To Former Employer: Please give the following information about this applicant. It will be held in strict confidence.

Name of Company: _____ Phone (____) _____

Address: Street _____ City _____ State _____ Zip _____

Period of Employment: From _____ To _____ Position Held _____

Driver: Yes No Employment Status: Full Time Part Time

Driver Type: Company Driver Owner-Operator Driver for Owner-Operator

Equipment Operated: Tractor Trailer Straight Truck Bus Other _____

List States in which applicant drove regularly: _____

List type of commodities applicant hauled: _____

Logs: Did applicant have any log problems? Yes No If yes, describe: _____

Accidents: Total Number: _____ Preventable: _____ Non-Preventable: _____

Dates and Description: _____

Tickets: Yes No If yes, please describe: _____

License Suspension: Yes No If yes, please describe: _____

What license did applicant have? Class: _____ State of Issue: _____

Why did applicant leave your employment? _____

Is applicant eligible for rehire: Yes No If no, please explain why: _____

Are your tractors leased to anyone? Yes No If yes, who? _____

What companies did applicant show working for prior to your company? _____

Alcohol and Controlled Substance Test Results: List here all alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within 5 years preceding the date of this application: _____

Additional Comments: _____

By: _____ Title _____ Date: _____
Person supplying information