

DRIVER QUALIFICATION APPLICATION



FAF, Inc.

6800 Port Road, Groveport, OH 43125

This application must be completed in ink in applicant's 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 Full Name: Last _____ First _____ Middle _____

Maiden name or former name: _____ Applicant's Date of Birth _____

Social Security Number _____ - _____ - _____ E-mail address _____

Present Address: Street _____ City _____ State _____ Zip _____

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

Fax Number: (_____) _____ In Case of Emergency Notify: Name _____ Phone: (_____) _____

Emergency Contact Address: _____

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: _____

List any addresses that you have maintained during the past 3 years other than your present address.

Street Address	City	County	State	Zip Code	To	From
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Street Address	City	County	State	Zip Code	To	From
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Street Address	City	County	State	Zip Code	To	From
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Driver Qualification Status Being Applied:

Driver for a Contractor _____ Owner-Operator, own truck, Year _____ Company employed (city)driver _____

PLEASE READ CAREFULLY

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

- 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 or have charges pending for driving under the influence of alcohol or drugs? Yes No
- E. Have you ever been convicted or have charges pending for possession, sale, or use of narcotic drugs, amphetamines, or a derivative? Yes No
- F. Have you ever been convicted or have charges pending for a serious traffic violation, such as careless/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 or have charges pending for a felony or misdemeanor? Yes No

FAF, INC. OFFERS DRIVER OPPORTUNITIES ON AN EQUAL OPPORTUNITY BASIS.

Rev. 05/10

10 YEAR EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing all your employers for the last 10 years, including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary.

CURRENT / MOST RECENT EMPLOYER

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Company Name _____

Phone Number: (____) _____

Address: Street _____ City _____ State ____ Zip ____

Type of Equipment Driven _____

Position Held: _____ Compensation: _____

Type of Business _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Company Name _____

Phone Number: (____) _____

Address: Street _____ City _____ State ____ Zip ____

Type of Equipment Driven _____

Position Held: _____ Compensation: _____

Type of Business _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Company Name _____

Phone Number: (____) _____

Address: Street _____ City _____ State ____ Zip ____

Type of Equipment Driven _____

Position Held: _____ Compensation: _____

Type of Business _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Company Name _____

Phone Number: (____) _____

Address: Street _____ City _____ State ____ Zip ____

Type of Equipment Driven _____

Position Held: _____ Compensation: _____

Type of Business _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

10 YEAR EMPLOYMENT RECORD CONTINUED

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Phone Number: (____) _____

Type of Equipment Driven _____

Type of Business _____

Company Name _____

Address: Street _____ City _____ State _____ Zip _____

Position Held: _____ Compensation: _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Phone Number: (____) _____

Type of Equipment Driven _____

Type of Business _____

Company Name _____

Address: Street _____ City _____ State _____ Zip _____

Position Held: _____ Compensation: _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Phone Number: (____) _____

Type of Equipment Driven _____

Type of Business _____

Company Name _____

Address: Street _____ City _____ State _____ Zip _____

Position Held: _____ Compensation: _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Phone Number: (____) _____

Type of Equipment Driven _____

Type of Business _____

Company Name _____

Address: Street _____ City _____ State _____ Zip _____

Position Held: _____ Compensation: _____

Reason for Leaving _____ Areas in which you drove _____

Were you required to comply with FMCSR regulations while working for this employer? Yes No

Were you required to perform safety sensitive function in any DOT Regulated mode (such as driving) subject to DOT alcohol and controlled substance testing? Yes No

PHYSICAL CONDITION

Do you have a current 2 year D.O.T. physical certificate? Yes No If no, explain _____
 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

DRIVING & EQUIPMENT EXPERIENCE

What awards do you hold for Safe Driving? _____ In what states have you regularly driven? _____

Type of Equip.	Dates:From	Dates:To	Approx. # of total miles
Tractor & Semi-Trailer			
Straight Truck			
Tractor and doubles			

ACCIDENT RECORD: LIST FOR THE PAST FIVE YEARS

List all involvement with motor vehicles including property damage AND including preventable and non-preventable. If none, write none.

DATE	Type of Vehicle Driven	Describe Accident	Preventability Determination	Fatalities	Injuries	# Towed	City/State	Employer

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

Includes commercial vehicle and personal vehicle (other than parking violations). If none, write none.

DATE	Location (City/State)	Vehicle Driven	Nature of Charge/Conviction Violation	If Speed, provide how much over

Including copies of the following documents may speed up the application process.

PLEASE DO NOT INCLUDE ORIGINAL DOCUMENTS AS DOCUMENTS WILL NOT BE RETURNED

1. Accident report (for all accidents in which driver was involved).
2. DD214 (If prior military service within the past 5 years).
3. School certificate and transcripts (if attended in past 5 years).
4. Verification of unemployment (pay records, professional references).
5. Verification of self-employment (tax records, business license, references).
6. W-2 or 1099 forms (if employed by company that has gone out of business).

APPLICANT'S STATEMENT

I hereby acknowledge, that the information provided herein may be used, and my 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 prior employers, or other sources identified herein AS REQUIRED BY 49 CFR.

I hereby release the Company and any of my prior employers, or other sources identified herein from any and all liability arising from their giving or receiving information about me, my driving record and 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 or have charges pending.

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. I agree to furnish additional information as requested by the Company and complete any examinations as may be required to complete my driver qualification file.

DISCLOSURE

In connection with my Application for Driver Qualification, I understand that consumer reports may be requested from HireRight and/or other sources. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT, AND ANY PARTY OR AGENCY CONTACTED BY USIS AS WELL AS ANY PARTY OR AGENCY CONTACTED BY FAF, INC, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to HireRight and/or FAF, Inc., upon proper identification, to request to review information provided by previous employers, to have errors in that information corrected and/or to provide a rebuttal statement. I have the right to make a request to HireRight and/or FAF, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that HireRight has previously furnished within the two-year period preceding my request. HireRight may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 318-0645. FAF, Inc. may be contacted by mail at: 6800 Port Road, Groveport, OH 43125.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

HireRight is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which HireRight has or obtains, and my employment history if I am hired or contracted, may be supplied by HireRight to other companies that subscribe to HireRight. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

Notice to California Applicants ONLY

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- I request to receive a free copy of any investigative consumer report ordered on me by checking this box.(California applicants only)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired or contracted, my employment, or my eligibility for promotion.

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

Signature

Date



**Applicant: Please Do Not Complete This Form.
Sign Only Where Indicated.
REQUEST FOR EMPLOYMENT INFORMATION.
Page 1 of 2 page request**

In accordance with Sections 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize to give to FAF, Inc. all information regarding my services, character and conduct while in your employ, whether as an employee or an owner/operator and you are released from any liability which may result from giving such information.

I hereby authorize and direct my prior employers to release the information below 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 it personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

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

Applicant's Name: _____ Social Security Number _____ - _____ - _____

Name of Company: _____ Phone (____) _____ Fax (____) _____

TO BE COMPLETED BY PREVIOUS EMPLOYER OR MOTOR CARRIER

To Former Employer: **Please provide the following information about this applicant to the representative listed at the bottom of this form. Please fax this form to the following confidential fax 423-783-9011.**

Company address: Street _____ City _____ State _____ Zip _____
Period of Employment: From _____ To _____ Position Held _____

PLEASE CHECK APPROPRIATE BOX: DOT REGULATED DRIVER NON-DOT REGULATED
IF DOT REGULATED DRIVER, YOU MUST ALSO COMPLETE PAGE 2 OF THIS VERIFICATION.

Driver Operated: Local (inside 100 air mile radius) Over the Road (over 100 air miles) All 48 states Regional _____
Driver Type: Company Driver Owner-Operator Driver for Own-Operator // Status: Full Part Time
Driver Operated a: 53' Tractor Trailer Straight Truck Bus Other _____
List states in which applicant drove regularly: _____ List type of commodities applicant hauled: _____

Accidents: There is NO accident register data for this driver Attached is other accident information

<u>Date</u>	<u>Description</u>	<u>Location</u>	<u>#of Injuries</u>	<u>#of Fatalities</u>	<u>Any tow-away?</u>	<u>Preventable?</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Tickets: Yes No If yes, please describe: _____
Reason for leaving your company? Resigned Discharged Lay Off Leave of Absence Other _____

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? _____

Completed by: Name _____ Title _____ Date _____
Company Representative requesting information: _____ Date _____



**Applicant: Please Do Not Complete This Form.
Sign Only Where Indicated.
REQUEST FOR EMPLOYMENT INFORMATION.
Page 2 of 2 page request**

In order to enable FAF, Inc. to comply with the requirements of 49 C.F.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.F.R. §382.401 (b) (1) (i) through (iii) regarding alcohol tests with a concentration result of 0.02 or greater, positive controlled substance tests 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:** _____

Applicant's Name: _____ Social Security Number _____ - _____ - _____

TO BE COMPLETED BY PREVIOUS EMPLOYER OR MOTOR CARRIER

To Former Employer: **Please provide the following information about this applicant to the representative listed at the bottom of this form. Please fax this form to the following confidential fax 423-783-9011.**

Name of Company: _____ Phone (____) _____ Fax (____) _____

Company address: Street _____ City _____ State _____ Zip _____

Alcohol and Controlled Substance Test Results - this information is required if employed with your company within the last 3 years or if applicant tested positive or refused to be tested within the last 5 years.

1. Were there any positive results for a controlled substance test?
Yes No
2. Were there any alcohol tests with a result of .02 or higher alcohol concentration?
Yes No
3. Were there any alcohol or controlled substance test refusals?
Yes No
4. Were there any violations of other DOT drug and alcohol regulations?
Yes No
5. Do you have information from previous employers that this person violated DOT drug and/or alcohol regulations?
Yes No
6. If there was a drug/alcohol violation, did the applicant complete a substance abuse rehabilitation program?
Yes No

Completed by:
Name _____ Title _____ Date _____

FAF, Inc. Representative requesting information: _____
Name Title Date

To: Drug Records Dept / 800-584-0068

From: _____



____ **FAF/Forward Air, Inc.** _____
(Company Name)

Use Fax # 800-267-4093 (Manual Service)

Fax #: (____) _____ - _____

Use Fax # 800-257-8069 (If Database Retrieval)

HIRERIGHT Customer #: _____

PART I – DOT DRUG AND ALCOHOL RELEASE- 49 CFR Part 391.23, DOT drug and alcohol testing

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of transmitting such records to the customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three 3 years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations (i.e. violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) and documentation of completion of a return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three years.

List all DOT regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years.

Previous DOT-regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could effect my eligibility for employment, qualification, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ **Applicant Signature:** _____

Social Security No: _____ **Date:** _____

**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service – Revised 7/25/12**

1. In connection with your application for employment with FAF, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. 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 consenting 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

5. I acknowledge that I have read and understand the attached Annex 1 which is incorporated herein by this reference. I further acknowledge and agree that this Notice is amended by and in accordance with the terms of the attached Annex 1.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may **be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

Annex 1

1. I acknowledge that the language of the Notice to which this Annex 1 is attached was mandated by FMCSA and PSP and does not necessarily accurately reflect the prospective business relationship between Motor Carrier (as defined below) and me.

2. Accordingly, notwithstanding anything to the contrary in items 1-4, inclusive, of the Notice, I understand that the Notice is not, and shall not be deemed, an offer of employment and that no employment relationship between Motor Carrier and me may in any event or under any circumstances be intended or ever be entered into.

3. Therefore, the Notice is hereby amended as follows:

- a) All references to "Prospective Employer" are hereby amended to read "Motor Carrier".
- b) All references to "employee" are hereby amended to read "driver".
- c) All references to "employment" are hereby amended to read "the performance of transportation services".

4. Except as amended by this Annex 1, the terms of the Notice remain in full force and effect.

