

APPLICATION FOR EMPLOYMENT

Driver Requirements

A driver must meet the following requirements:

- Be in good health and physically able to perform all duties of a driver.
- Be at least 21 years of age.
- Speak and read English well enough to converse with the general public, understand highway traffic and signals, respond to official questions, and be able to make legible entries on reports and records.
- Be able to drive the vehicle safely.
- Know how to safely load and properly block, brace, and secure the cargo.
- Have only one valid commercial motor vehicle operator's license.
- Provide an employing motor carrier with a list of all motor vehicle violations or a signed statement that driver has not been convicted of any motor vehicle violations during the past 12 months. A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
- Pass a driver's road test or equivalent.
- Complete an application for employment.
- Possess a valid medical certificate.

APPLICANT NAME: _____ DATE: _____

All applicants must completely fill out the application for employment, once completed return back to the address below. Include in the application for employment copies of the following:

- 1) Valid Commercial Drivers License (CDL)
- 2) Long form and short form of valid Physical

PLEASE RETURN ALL COMPLETED APPLICATIONS TO:

**FAIRCHILD FREIGHT LLC
23910N 19TH AVE BLG 1, STE 2
PHOENIX, AZ 85085
PH: 866.942.1949 FAX: 602.942.3095**

FAIRCHILD

WWW.FAIRCHILDFREIGHT.COM

866-942-1949

Commercial Driver Application for Employment

Date _____

Company Name: _____
Street Address: _____
City, State, Zip: _____

Applicant Name _____ Home Phone: _____
Last First Middle Cell Phone: _____

* Current Address _____
Street City State Zip Code

* If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who Referred You? _____ Rate of Pay Expected? _____

Have you ever worked for this company before? _____ Dates: From _____ to _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Name Address

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ___ yes ___ no If yes, which branch of service: _____

Describe any military training received relevant to the position for which you are applying. _____

Are you currently serving in Military Reserves? ___ yes ___ no Are you currently serving in National Guard? ___ yes ___ no

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain below. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

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DRIVER EXPERIENCE AND QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.
Date of Birth _____ Social Security Number _____ - _____ - _____
month/day/year

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy _____
Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? _____ yes _____ no
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work? _____ yes _____ no
- 3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? _____ yes _____ no

Applicants Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver Licenses held in past 3 years must be shown	State	License Number	Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From To	Approximate Total Miles
Straight Truck	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____
Twin	_____	_____	_____
Other	_____	_____	_____

List states operated in during the last five years:

List special courses or training that will help you as a driver:

_____ :

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DRIVER EXPERIENCE AND QUALIFICATION (continued)

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, Upset, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
------	---	--------------	------------	------------------	------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty
------	----------	--------	---------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **last** or **current** position, including any military experience, and work back (Attach separate sheet if necessary.) You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

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APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

I authorize Fairchild Freight ("Prospective Employer") to access the FMCA Pre-Employment Screening Program (PSP) system to seek information regarding 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 (5) years and inspection history from the previous (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.

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 investigative Consumer Report, including information regarding my character, personal 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 employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____

Applicant's Signature _____

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No Date of Birth _____ (month/day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____
(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY, NOTIFY: _____ Phone () _____
Address _____

THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	_____	_____	_____	_____	_____	_____
2. Interview	_____	_____	_____	_____	_____	_____
3. Physical Exam *	_____	_____	_____	_____	_____	_____
4. Past Employment	_____	_____	_____	_____	_____	_____
5. Written Exam	_____	_____	_____	_____	_____	_____
6. Policy & Traffic Record	_____	_____	_____	_____	_____	_____
* driver applicants only	_____	_____	_____	_____	_____	_____

Signature of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

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USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

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REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

Print Name of Applicant: _____

Social Security No.: _____

I authorize my Previous Employer, _____

at Address: _____

and Phone Number: _____ to release and forward information requested under 49 CFR 391.23(a)(2)&(c)

Contact Person: _____, representing my Prospective

Employer: **FAIRCHILD FREIGHT LLC**

at Address: **23910N 19th Ave, Bld 1, Ste 2,
Phoenix, AZ 85085**

and Phone Number: **1-866-942-1949.**

Applicant's Signature: _____ Date: _____

Request for information from the Previous Employer to the following questions are made under authority of 49 CFR 382.413:

- (1) Has the above named individual had an alcohol test with a result of 0.04 alcohol concentration or greater within the past two years?
Yes () or No ()
- (2) Has the above named individual had a controlled substances test with a verified positive controlled substances test result within the past two years?
Yes () or No ()
- (3) Has the above named individual refused to be tested for alcohol or controlled substances within the past two years?
Yes () or No ()

If "yes" is the answer to any of the questions, please give the name and address of the Substance Abuser

Professional: _____

Address: _____

City _____ State _____ Zip _____ Phone #: _____

EMPLOYMENT HISTORY

Dates of employment reported to Fairchild Freight are: Start _____ End _____

Was the named applicant employed by or leased to your company? Yes _____ No _____

If "Yes", provide the dates of employment or contract: FROM (mm/yy) _____, TO (mm/yy) _____

Did he/she drive a commercial motor vehicle for you? Yes _____ No _____

If "Yes", what type of equipment did they drive and/or pull? Please check all that apply: Tractor-Trailer _____ Refrigerated Trailer _____
Van _____ Flat _____ Tanker _____ Straight Truck _____ Passenger Bus _____ School Bus _____

Reason for leaving your employ: Voluntary Resignation ___ Military Duty ___ Lay-Off ___ Forced Resignation ___ Termination ___

Did they give you notice? Yes _____ NO _____

Continued next page

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Would you rehire this person? Yes ___ NO ___ Upon Review ___ Against company policy ___

In the past 36 months did this person have FMCSR Out-Of-Service Violations? Yes ___ NO ___

ACCIDENT HISTORY

Accidents: Complete the following for any DOT Recordable Accidents as defined in part 390.5 and included on your accident register (part 390.15 (b)(2)) that involved the applicant within 3 years prior to the above stated application date **or, check here** _____. If there is **no accident register data** for this driver:

	Date	Location City, State (or Nearest City or town)	# Injured	# Fatal	Spill Y/N	Y/N
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Please provide information concerning any other (non DOT-Recordable) accidents/incidents involving the applicant that were reported to government agencies, law enforcement agencies, insurers or retained by your company under internal company policies:

SECTION: To be completed by person providing the information requested on this form on behalf of the previous employer.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

-----This section completed by Fairchild Freight office personnel-----

Date faxed, emailed, mailed: _____

Information verified by: _____ Title: _____ Date: _____

Method of receiving information:

Personal Interview () Telephone Interview () Letter () Fax () Mail () Other _____

DATE INFORMATION WAS RECEIVED: _____

REGULATORY AUTHORITY:

49 CFR 382.405 (f): Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

49 CFR 382.405 (h): An employer shall release information regarding the driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

49 CFR 382.413: Employers shall request alcohol and controlled substances information from previous employers in accordance with the requirements of §40.25 of this title.

§ 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(2) Verified positive drug tests;

(3) Refusals to be tested (including verified adulterated or substituted drug test results);

(4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

FOR OFFICE USE ONLY

Driver Qualification File - Check List

Every motor carrier must have a qualification file for each regularly employed driver. The file must include:

<input type="checkbox"/>	<p>DRIVER'S APPLICATION FOR EMPLOYMENT</p> <p>A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.</p>
<input type="checkbox"/>	<p>INQUIRY TO PREVIOUS EMPLOYERS -- 3 YEARS</p> <p>An investigation of the driver's employment record during the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.</p>
<input type="checkbox"/>	<p>INQUIRY TO STATE AGENCIES -- 3 YEARS</p> <p>The driver's driving record for the preceding three years.</p>
<input type="checkbox"/>	<p>INQUIRY TO STATE AGENCIES -- ANNUAL</p> <p>Request driving record annually for each driver.</p>
<input type="checkbox"/>	<p>ANNUAL REVIEW OF DRIVING RECORD At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the Driver's Qualification File.</p>
<input type="checkbox"/>	<p>ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months. Note: Drivers who have provided information required by Section 383.31 need not repeat that information in this annual list of violations.</p>
<input type="checkbox"/>	<p>DRIVER'S ROAD TEST CERTIFICATE OR EQUIVALENT A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.</p>
<input type="checkbox"/>	<p>MEDICAL EXAMINATIONS</p> <p>The driver must pass a medical examination conducted by a licensed health care professional. A driver must be issued a Medical Examiner's Certificate, which must be carried at all times and must be renewed every two years.</p>