

**FASTRANS INTERMODAL**  
P.O. Box 61571 - N. Charleston, SC 29419  
Office (843) 718-1245 - Fax (843) 718-1584  
*www.fastransintermodal.com*

**OWNER OPERATOR (INDEPENDENT CONTRACTOR) DRIVER APPLICATION**

**INSTRUCTIONS:**

**Minimum Qualifications:**

Please review our minimum qualifications. If you do not meet the following qualifications, do not complete this application:

- 21 years of age or older
- Valid Class A CDL in state of residence
- US Citizen or resident alien
- Negative results for drug and alcohol screening
- Two years verifiable Class A experience
- Newer tractor(s) passing certified inspection
- Current DOT physical without restrictions
- No felony convictions involving drugs, DUI convictions, or refusal to submit to alcohol test
- Ability to read and speak English well enough to read signs, complete reports and communicate with dispatchers and other authorities.
- No more than one moving violation in the last year and no more than four in the last three years
- No reckless driving in the past three years and no more than one at fault accident in the last three years

**Independent Contractor Status:**

Note that Fastrans Intermodal does not hire company drivers. You are submitting an application to execute a written agreement as an owner/operator (independent contractor).

**Documents to Submit with Your Application:**

- Copy of your CDL (both sides)
- Copy of your current DOT medical certification card
- Copy of your current DOT long form physical
- Copy of your tractor registration or title
- Copy of your tractor's current year DOT annual inspection

**Places to Sign/Date on This Application:**

- Last page of application after the acknowledgement
- Bottom of the "Fair Credit Reporting Act Disclosure Statement"
- Top of the "Past Employment Verification" form

**Applicant's Consent to Drug and Alcohol Testing**

It is the policy of Fastrans Intermodal to conduct pre-contract drug and alcohol testing for the purpose of detecting drug or alcohol abuse and that satisfactory passing of such tests is a condition of my owner operator agreement with Fastrans Intermodal. By signing the application, you are granting your consent to drug and alcohol testing.

**Applicant's Consent to Credit Verification**

It is the policy of Fastrans Intermodal to verify employment with previous employers or common carriers that you contracted with as an owner operator. By signing the "Past Employment Verification" in this application, you are granting your consent to Fastrans Intermodal to contact previous employers or carriers for purposes of verifying the information on the enclosed application.

**To apply for a job at Fastrans Intermodal, please fill out this form completely and accurately and submit via fax to 843-718-1584 or via email to Clarke@FastransIntermodal.com.**

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

DOT Physical Exam Exp. Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

*The age Discrimination of Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Have you worked for this company before? Yes [  ] No [  ]

If yes, give the dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Current & Three Years Previous Addresses**

Address	From (Date)	To (Date)

**Tractor Information**

Year	Make	Model	Mileage

**Employment History**

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

**Present or Last Employer**

From (Date)	To (Date)
Position Held:	
Reason for Leaving:	
Company Name:	
Address:	Phone No.:
Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:(1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

**Previous Employer**

From (Date)	To (Date)
Position Held:	
Reason for Leaving:	
Company Name:	
Address:	Phone No.:

Were you subject to the FMCSRs* while employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

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**Apportionment States:**

List all States:	
List states operated in during the last five years:	
List any Safe Driving Awards you hold and from whom:	
List special training completed (Haz Mat, etc.):	

**Accident Record (Past Three Years):**

Date of Accident:	Location of Accident:
Nature of Accident:	
# of Fatalities:	# of Injuries:

Date of Accident:	Location of Accident:
Nature of Accident:	
# of Fatalities:	# of Injuries:

Date of Accident:	Location of Accident:
Nature of Accident:	
# of Fatalities:	# of Injuries:

**Traffic Convictions and Forfeitures (Past Three Years) (*Do not include parking violations*)**

Date	Location	Charge	Penalty (\$)

Date	Location	Charge	Penalty (\$)

Date	Location	Charge	Penalty (\$)

**Driver's License - List each driver's license held in the past three years**

State	License #	Type	Endorsements	Exp. Date

**Personal References**

Name	Address	Phone

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

Have you ever been convicted of a felony? Yes  No

**DISCLAIMER**

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

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. Fastrans Intermodal Inc. will investigate your safety performance history. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this is an application for qualification and in no way obligates the motor carrier to employ me. It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

**I certify 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: \_\_\_\_\_