



# DRIVER INTAKE FOR EMPLOYMENT

C.A.R. Transport, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability or genetics. In addition to federal law requirements, C.A.R. Transport, Inc. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

PERSONAL INFORMATION			
LAST NAME:		FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	
STREET ADDRESS:		CITY:	STATE: ZIP:
PHONE:		EMAIL ADDRESS:	

JOB INTEREST	
ARE YOU INTERESTED IN:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time    DATE AVAILABLE TO START:
Have you ever been employed by C.A.R. Transport, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by C.A.R. Transport, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give name and relationship: _____	

CURRENT LICENSE INFORMATION				
STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
<i>If you have held licenses prior to your "CURRENT" license, please list below.</i>				
STATE	LICENSE NUMBER	CLASS	TYPE	EXPIRATION DATE

MOTOR VEHICLE HISTORY	
Is your driver's license currently suspended, revoked, disqualified, or expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license been suspended, revoked, cancelled, denied, or disqualified within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a DUI/DWI, or actual physical control of a motor vehicle within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you failed or refused a drug or alcohol test requested by law enforcement within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved in 2 or more preventable vehicle accidents within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of 3 or more moving violations within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been terminated from employment due to improper vehicle operation within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPERIENCE			
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES FROM	TO APPROXIMATE NUMBER OF MILES (TOTAL)
TRACTOR AND CAR TRAILER			

TRACTOR AND SEMI-TRAILER			
ALL OTHERS			

List States operated in for last five years: \_\_\_\_\_

List any special courses or training you've completed that will help you as a driver: \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE VIOLATION OCCURRED	PENALTY (forfeited bond, collateral or points)

**CERTIFICATION AND ACKNOWLEDGEMENT**

I hereby certify that the facts set forth in this form are true and complete to the best of my knowledge. I understand that any falsification, inaccuracies or omissions of information on this application shall be considered sufficient basis for dismissal.

I understand that neither the completion of this form, nor any other part of my consideration for employment establishes any obligation for C.A.R. Transport Inc. to employ me. I agree that, if employed, I will comply with all Company and DOT/FMCSA rules, policies, and regulations. Further, I understand that any employment relationship will be at-will, and that either the Company or I can terminate my employment at any time, with or without cause. I understand that any Company policies, guides, manuals, and handbooks which may be in effect from time to time will not constitute or imply an agreement or contract between me and the Company.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Candidate,

Please complete this Driver Intake For Employment form in full. Upon completion, please return by one of the following methods:

Fax: 817-447-7832

Email: driverapps@car-transport.com

Mail to: 1475 S. Burlison Blvd.  
Burlison, TX 76028

Regards,  
Human Resources & Safety Department



## EEOC QUESTIONNAIRE

C.A.R. Transport, Inc. provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. C.A.R. Transport Inc. complies with applicable state and local laws governing non-discrimination in employment in every location in which the company operates. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

As an equal opportunity employer, C.A.R. Transport Inc. is obligated by Federal and State regulations to monitor its employment practices. To ensure the accuracy of this information, your assistance in completing this questionnaire will be greatly appreciated. Completion of this questionnaire is, however, completely voluntary.

Answers to the questionnaire will not be used to make any employment decision, nor will the answers be used to give preference to any individual. This data will be kept separate from the application and is used for statistical purposes only. Although you may identify with more than one racial or ethnic category, for this questionnaire please select only one category.

### RACE / ETHNIC GROUP: (Check one)

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- White / Non-Hispanic** – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- African-American / Non-Hispanic** – All persons having origins in any of the Black racial groups of Africa
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa
- American Indian or Alaskan Native** – All persons having origins in any of the peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
- Declined to complete this section**

### GENDER:

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- Male**                       **Female**

Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date