



## Employment Application

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.

To help us learn about your experience, abilities, and interest, please complete and sign this Application for Employment in its entirety, even if you have provided us with a resume. All offers of employment are contingent upon the successful completion of an employment application, drug screen and background check. If employed, you will be subject to additional drug or alcohol testing as required by DOT regulations or company policy.

Application Date: \_\_\_\_\_

Personal Information			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOW MANY YEARS AT ABOVE ADDRESS?	PHONE:	EMAIL ADDRESS:	
Are you at least 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have the unrestricted right to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you need the Company's sponsorship to continue extended work authorization status?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY TO WORK IN THE U.S.</i>			

Job Interest		
POSITION APPLYING FOR:		
ARE YOU INTERESTED IN:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
DATE AVAILABLE TO START:	DAYS AVAILABLE TO WORK:	HOURS AVAILABLE TO WORK:
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:		

Education			
High School:	Address:	YES	NO
From: _____ To: _____	Did you graduate?	<input type="checkbox"/>	<input type="checkbox"/>
College:	Address:	YES	NO
From: _____ To: _____	Did you graduate?	<input type="checkbox"/>	<input type="checkbox"/>
	Degree: _____		
Other:	Address:	YES	NO
From: _____ To: _____	Did you graduate?	<input type="checkbox"/>	<input type="checkbox"/>
	Degree: _____		

### References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
Address: _____	

### Previous Employment

Company: _____	Phone: (    ) _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company: _____	Phone: (    ) _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company: _____	Phone: (    ) _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Security Information**

*Please provide accurate and complete information in response to the following question. Answering "yes" to this question will not automatically bar you from employment unless applicable law requires such action.*

During the past 7 years, have you been convicted of, or have you pled guilty or no contest to, a felony offense?       Yes    No

If you answered YES to the above question, please explain in the space provided here:

**Applicant's Certification and Agreement**

I hereby certify that the facts set forth in this employment application (and any accompanying resume) 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 application 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 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.

I understand that information I provide regarding current or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

## Fair Credit Reporting Act Disclosure Statement and Authorization To Obtain Reports

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize C.A.R. Transport, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish C.A.R. Transport, Inc., or its designated agents, with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release C.A.R. Transport Inc. and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumers' right will be provided to me.

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<b>Applicant's Printed Name</b>		<b>Date</b>		
<hr/>		<hr/>		
<b>Applicant's Signature</b>		<b>Driver License Number</b>		
<hr/>		<hr/>		
<b>Social Security Number:</b>	_____	<b>Date of Birth:</b>	_____	
<b>CURRENT ADDRESS INFORMATION:</b>				
Street Address	City	County	State	Zip
<hr/>				
<b>PREVIOUS ADDRESS INFORMATION (PLEASE LIST ADDRESSES FOR PREVIOUS 7 YEARS):</b>				
Street Address	City	County	State	Zip
<hr/>				
Street Address	City	County	State	Zip
<hr/>				
Street Address	City	County	State	Zip
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## 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