



C.A.R. Transport, Inc. would like to thank you for your interest in employment with our company. If you have problems or questions about the application, you may call (800) 553-4094 between the hours of 8:00 a.m. and 5:00 p.m. (CST) Monday through Friday. Questions about the application, employee benefits or any other issues may also be emailed to Human Resources: cgoosen@car-transport.com.

IMPORTANT:

YOU MUST COMPLETE **ALL** PARTS OF THE APPLICATION

- Type or print clearly and legibly in black or blue ink. Applications in pencil **will not** be accepted. Legible photocopies are acceptable.
- If your application is **incomplete** (*ie: employment history, missing signatures/ dates*) or does not clearly show the experience and/or training required, your application will be rejected.
- Resumes may be submitted with the application, but not in lieu of a completed application.
- Your application and all attachments become the property of CAR Transport, Inc. and will not be returned. *If you need a copy, please make one before your application is submitted for processing.*
- You are welcome to submit an application whether or not there are any jobs available at the time. However, your application will only be kept on file for six (6) months.

PLEASE REMEMBER ~

FMCSA Regulation §391.21 requires that all driver applicants submit information for at least ten (10) years of prior (*verifiable*) CMV employment experience. Ensure that the information you supply on your application is **complete** and includes the **business name, address and telephone number**. *If you do not have ten years of previous employment, please note the reason on your application.*

Please fax your completed application to 817/447-7832 or return it to the nearest terminal location:

**1475 S. Burlison Blvd.
Burlison, TX 76028**

**2002 Westfield Loop
Houston, TX 77073**

**301 S. 51st Street
Kansas City, KS 66106**

**9211 Forney Rd.
Mesquite, TX 75149**

C.A.R. Transport, Inc. is an EEO /ADA Employer

Application for Qualification

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to the question is "No" or "None", do not leave the item blank, but write "No" or "None". This is important!

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with aspects to individuals who are at least 40 but less than 70 yrs of age.

Date: _____

Select One: Owner/Operator _____

Company Driver _____

Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Age: _____ Date of Birth: _____

Phone Number: (_____) _____

Current & Three Years Previous Addresses

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Have you ever been indicted or convicted (including probation) by Federal, State, or any other law enforcement authorities for any violation of Federal, State, County, or Municipal Law, Regulation, or Ordinance? (Do not include instances that occurred before your 14th birthday)

NO _____ YES _____ If Yes, Explain _____

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 10 years.

Do you have previous experience hauling motor vehicles? _____ If so, how many years? _____

Mo/Yr

Mo/Yr

Present or Last Employer

From: _____ To: _____

Name _____

Phone# (_____) _____

Address _____

Position Held _____ Salary _____

Reason For Leaving _____

Mo/Yr

Mo/Yr

Next Previous Employer:

From: _____ To: _____

Name _____

Phone# (_____) _____

Address _____

Position Held _____ Salary _____

Reason For Leaving _____

Employment (Continued)

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Employment (Continued)

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer:
From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Position Held _____ Beginning Salary _____ Ending Salary _____
Reason For Leaving _____

Driving Experience

Class of Equipment	Dates	Approximate Number of Miles
Straight Truck.....	From: _____ To: _____	_____
Tractor and Semi-trailer.....	From: _____ To: _____	_____
Tractor-two trailers.....	From: _____ To: _____	_____
Other	From: _____ To: _____	_____

List states operated in for the last five years: _____

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

What Safe Driving Awards do you hold and from whom: _____

Accident Record (for the past three years) *attach sheet if more space is needed*

Dates	Nature of Accident <i>(head on, rear end, upset, etc.)</i>	# of Fatalities	# of People Injured
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures (for the last three years) *other than parking violations*

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	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 _____

If the answer to A or B is YES, give details: _____

Have you failed, or refused a DOT mandated pre-employment test in the past two years?

NO _____ YES **If Yes, Explain** _____

Personal References

List three persons for reference, **other than relatives**, who have knowledge of your safety/work habits

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation provided on this document shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicants 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 person named herein from all liability for any damages of account of his furnishing such information.

Additionally, my signature below allows CAR Transport to investigate my criminal history records, and I am aware that certain convictions may render me ineligible for employment.

I understand that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general 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.

It is agreed and understood that this application for qualification in no way obliges the motor carrier to employ the applicant.

I understand that should I be selected for employment I will be subject to a 90 day probationary period during which time I may be terminated without recourse.

This certifies that this application was completed by me, and that all entries and information as stated is true and correct to the best of my knowledge.

Date: _____ Applicant's Signature _____

Applicant Remarks



APPLICANT DISCLOSURE AND RELEASE

In connection with my application for employment (*including contract for services*) with CAR Transport, Inc., I understand that consumer reports which may contain public record information is being requested from USIS DAC Services, located in Tulsa, Oklahoma and may also be requested directly from any of my previous employers. These reports may include the following types of information:

- All DOT regulated drug and alcohol testing records, regardless of test reason or result
- Names and dates of previous employers
- Reason for termination of employment
- Work experience, accidents, etc.

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 DAC concerning previous driving record requests made by others from such state agencies and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY INDIVIDUAL PARTY, EMPLOYER OR AGENCY CONTACTED BY CAR TRANSPORT, INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, 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 which DAC has previously furnished within the two-year period preceding my request.

I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report (s). If hired (or contracted), this authorization shall remain on file and shall serve as on-going authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Signature

Date