

Brothers Auto Transport, LLC

Driver – Prescreening

Applicant Name: _____	Date: _____
Home Number: _____	Cell #: _____
Referred by: _____	Saw Ad on our Truck ___ LCCC ___ NCC ___
Address: _____ _____	
Email Address: _____	Date of Birth: _____
Driver's License #: _____	State of License: _____
Social Security #: _____	

Do you currently have a CDL? Yes No

How long have you had your CDL? _____

Do you have any serious violations within the past four (4) years? Yes No
(For example Driving while intoxicated or under the influence, reckless driving, hit and run, leaving the scene of an accident, failure to report an accident, railroad crossing violations...)

Do you have four or more violations in the past 12 months? Yes No
(For example, speeding, failure to yield, careless driving, following too close, improper lane change)

Note: No more than (1) at fault accident within the past 3 years will meet guidelines

Have you ever hauled cars before? Yes No **IF NO, what type of driving experience do you have? If YES, what type of a car hauler was used and how many cars are you use to hauling at one time?**

Are you willing to be away from home Monday through Friday? Yes No
Monday through Saturday are considered Workdays