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Application for Employment – Office/Warehouse

In compliance with Federal and State equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Please be sure to print clearly and answer all questions:

Position(s) Applied For: _____ Date of Application: _____

Name: _____ Social Security #: _____
Last First Middle

Home Phone Number: _____ Cell Phone Number: _____

Current Address: _____
Street City State Zip

Previous Address if above is less than 5 years: _____

Do you have the legal right to work in the United States? yes no

Are you over the age of 18? yes no If not, can you provide proof of age? yes no

Have you worked for Jeff's or R&M before? yes no

If yes, _____
Where Dates From/To Rate of pay Position Reason for leaving

Are you currently employed? yes no If not, how long since leaving last employment? _____

How did you hear about R&M and/or Jeff's? _____

Rate of pay expected: _____ Full-time or Part-time: _____ Hours Available: _____

Have you ever been convicted of a felony? yes no If yes, please explain details fully on back of this page.
 Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? yes no
 If yes, explain: _____

Drivers License: _____
State License Number Type Expiration Date

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

If you answered yes to either of the above questions, please explain on reverse side.

Employment History

List employers in reverse order starting with the most recent

Employer #1: _____ Phone: _____

Address: _____
Street City State Zip

Position Held: _____ Dates of Employment: *from* _____ *to* _____

Reason for Leaving: _____ May we contact this employer for a reference: yes no

Employer #2: _____ Phone: _____

Address: _____
Street City State Zip

Position Held: _____ Dates of Employment: *from* _____ *to* _____

Reason for Leaving: _____ May we contact this employer for a reference: yes no

Employer #3: _____ Phone: _____

Address: _____
Street City State Zip

Position Held: _____ Dates of Employment: *from* _____ *to* _____

Reason for Leaving: _____ May we contact this employer for a reference: yes no

Employer #4: _____ Phone: _____

Address: _____
Street City State Zip

Position Held: _____ Dates of Employment: *from* _____ *to* _____

Reason for Leaving: _____ May we contact this employer for a reference: yes no

(please use the reverse side if more space is needed)

Military Status

Have you served in the U.S. Armed Forces? yes no If yes, Branch and Dates: _____

Education

Last school attended: _____
Name City State

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Experience and Qualifications

Please check all that apply:

Type of experience	Experience	Years		Experience	Years
Billing			Rating		
Adding machine			OS&D		
Dictating machine transcriber			Intermodal		
AS400			Cargo Claims		
Word			Accounting		
Excel			Dispatcher		
PowerPoint					

Show any trucking, transportation, or other experience that may help in your work for this company:

List courses and training other than shown elsewhere on this application that may help in your work for this company:

List special equipment or technical materials you can work with other than those already shown:

To Be Read and Signed By Applicant

This certifies 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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, healthcare providers and other persons from liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my applications or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature

Date