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Application for Employment – Office

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: _____

Last
First
Middle

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Current Address: _____

Street
City
State
Zip

Do you have the legal right to work in the United States? yes no Can you provide proof? 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: _____

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

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: <input type="checkbox"/> yes <input type="checkbox"/> 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: <input type="checkbox"/> yes <input type="checkbox"/> 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: <input type="checkbox"/> yes <input type="checkbox"/> 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: <input type="checkbox"/> yes <input type="checkbox"/> no

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

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.

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