

3720 River Rd. Suite 100 Franklin Park, IL 60131 (847) 260-4151 phone (847) 789-8684 fax www.rmtrucking.com email: hr@rmtrucking.com

Please be sure to print clearly and answer all questions:



5235 International Drive Cudahy, WI 53110 (414) 294-5800 phone (414) 294-5812 fax www.jeffsfastfreight.com email: hr@rmtrucking.com

Application for Independent Contractor Owner-Operator

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.

Position(s) Applied For: ______ Date of Application: _____ Name: _____ First Middle Home Phone Number: _____ Cell Phone Number: _____ E-Mail Address: _____ Current Address: ____ Citv State Do you have the legal right to work in the United States? \square yes \square no Can you provide proof? \square yes \square no Are you over the age of 18? \square yes \square no If not, can you provide proof of age? \square yes \square no Have you worked for Jeff's or R&M before? \square yes \square no If yes, _ Where Dates From/To 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*: Are you seeking □Full-time or □Part-time What day(s) of the week and hours are you available to work? Drivers License: _____ License Number Expiration Date Current class of Drivers License? \square A \square B \square C \square D Do you have a HAZMAT Endorsement? \square yes \square no As a CDL driver, are you registered with the Drug and Alcohol Clearinghouse**? ☐ Yes, I am registered with the Drug and Alcohol Clearinghouse and am an eligible candidate for a CDL position. ☐ No, I am not registered with the Drug and Alcohol Clearinghouse.

Has any license, permit or privilege ever been suspended or revoked? \square ves \square no

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \square yes \square no

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^{*}In compliance with the Equal Pay Act we do not request or require wage history or salary.

^{**}Effective January 6, 2020, the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse requires any prospective employees applying for a DOT regulated, CDL position to be registered on the Drug and Alcohol Clearinghouse.

Employment History

List employers in reverse order starting with the most recent

- All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.
- Applicants to drive a commercial vehicle¹ in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

Employer #1:	Phone:						
Address:							
Address:Street	City	State	Zip				
Position Held:	Dates of Employment: from to						
Reason for Leaving:no	May we contact this employer for a reference: \Box yes \Box						
Were you subject to the FMCSRs 2 while employed? \square yes \square no Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \square yes \square no							
Employer #2:	Phone:						
Address:							
Street	City	State	Zip				
Position Held:	Dates of Employment: from to						
Reason for Leaving:no	May we contact this employer for a refer	ence: \square	yes □				
Were you subject to the FMCSRs 2 while employed? \square yes \square no Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \square yes \square no							
Employer #3:	Phone:						
Address:							
Street	City	State	Zip				
Position Held:	Dates of Employment: from to						
Reason for Leaving:no	May we contact this employer for a refer	ence: \square	yes □				
Were you subject to the FMCSRs 2 while employed? \square yes Was your job designated as a safety-sensitive function in a requirements of 49 CFR Part 40? \square yes \square no		nd alcoho	ol testing				

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¹ Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

² The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History (continued)

Employer #4:	Phone:				
Address:Street	<u> </u>				
Street	City	State	Zip		
Position Held:	Dates of Employment: from	to			
Reason for Leaving:no	May we contact this employer for a re	ference:] yes □		
Were you subject to the FMCSRs ² while employed? \square yes \square no Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \square yes \square no					
Employer #5:	Phone:				
Address					
Address:Street	City	State	Zip		
Position Held:	Dates of Employment: from	to			
Reason for Leaving:no	May we contact this employer for a re	eference:] yes □		
Were you subject to the FMCSRs ² while employed? \square yes \square no Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \square yes \square no					
Employer #6:	Phone:				
Address:					
Address:Street	City	State	Zip		
Position Held:	Dates of Employment: from	to			
Reason for Leaving:	May we contact this employer for a re	ference:] yes □		
Were you subject to the FMCSRs ² while employed? \square yes \square no Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \square yes \square 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					

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Driving Experience and Qualifications

	of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates (from – to) Approximate number of total miles
Straight T	ruck		-	
Tractor an	d Semi-trailer		-	
Tractor –	two trailers		-	
Other			-	
ates operate	ed in for the last f	ive years:		
special cour	ses or training th	at will help you as a driver:		
	-	.,		
safe drivino	awards to you h	ave and from whom?		
i sale ulivilig	awarus to you n	ave and from whom:		
		Accident Records f		
		List accidents in reverse order s	tarting with the most recei	nt
Date	Nat			
Date	Nat	**List accidents in reverse order so ure of Accident	Fatalities □ yes □ no	Injuries
Date	Nat		Fatalities	
Date	Nat		Fatalities yes no yes no	
	Т	ure of Accident	Fatalities yes no yes no yes no if more space is needed) feitures for Past 5	Injuries Years
	Т	ure of Accident (Please use the reverse side	Fatalities yes no yes no yes no feitures for Past 5 in the most recent – do no	Injuries Years
**	T List convictions and f	ure of Accident (Please use the reverse side raffic Convictions and Fort	Fatalities yes no yes no yes no feitures for Past 5 in the most recent – do no	Injuries Years of include parking violations**
**	T List convictions and f	ure of Accident (Please use the reverse side raffic Convictions and Fort	Fatalities yes no yes no yes no if more space is needed) feitures for Past 5 in the most recent – do no ge	Injuries Years of include parking violations**
**	T List convictions and f	(Please use the reverse side raffic Convictions and Forteritures in reverse order starting with the convictions and Forteritures in reverse order starting with the convictions and Forteritures in reverse order starting with the converse of the convictions and Forteritures in reverse order starting with the converse order starting with the converse order of the converse order order or the converse order or the conve	Fatalities yes no yes no yes no feitures for Past 5 in the most recent – do no ge if more space is needed) and Qualifications	Injuries Years of include parking violations**
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Date	T Elist convictions and for Location	(Please use the reverse side raffic Convictions and Forteritures in reverse order starting with the convictions and Forteritures in reverse order starting with the convictions and Forteritures in reverse order starting with the converse of the convictions and Forteritures in reverse order starting with the converse order starting with the converse order of the converse order order or the converse order or the conve	Fatalities yes no yes no yes no if more space is needed) feitures for Past 5 in the most recent – do not ge if more space is needed) and Qualifications more space is needed**	Injuries Years ot include parking violations** Penalty

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

Declaration of Employment Status

I understand that I must provide my comple employment for the seven (7) years preceding follows:		
From:	To:	
During this time, I was engaged in the follow	ing activity:	
To	Be Read and Signed By Applicant	
complete to the best of my knowledge. In the event of employment, I under interview(s) may result in discharge. I unde Company. I understand that information I provemployers will be contacted, for the purpose (d) and (e). I understand that I have the rightage Review information provided by the Have errors in the information corrected information to the prospection.	ide regarding current and/or previous en of investigating my safety performance plot to: previous employers; cted by previous employers and for thos tive employer; and to the alleged erroneous information, if	on given in my applications or by all rules and regulations of the apployers may be used, and those history as required by 49 CFR 391.23 the previous employers to re-send the
Applicant's 9	Signature	 Date

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