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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 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

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

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)

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