

JEFF'S FAST FREIGHT

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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.

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 Nun	nber:	
E-Mail Address:			
Current Address:Street	City	State Zip	
Do you have the legal right to work in the	,		
Are you over the age of 18? \square yes \square n	o If not, can you provide pr	oof of age? \square yes \square no	
Have you worked for Jeff's or R&M before	? □ yes □ no		
If yes, Where Dates From/To	Do-Way	December for low in a	
where Dates From/10	o Position	Reason for leaving	
Are you currently employed? \square yes \square r	no If not, how long since leaving	last employment?	
How did you hear about R&M and/or Jeff's	5?		
Rate of pay expected*:	Are you seeking \square Full-time or \square Par	t-time	
What day(s) of the week and hours are yo	ou available to work?		
Drivers License			
Drivers License:State Li	icense Number	Expiration Date	
Current class of Drivers License? A	☐B ☐ C ☐ D Do you have a	HAZMAT Endorsement? ☐ yes ☐ no	
As a CDL driver, are you registered with the	ne Drug and Alcohol Clearinghouse**	?	
$\hfill \square$ Yes, I am registered with the Drug and	d Alcohol Clearinghouse and am an eli	igible candidate for a CDL position.	
$\hfill \square$ No, I am not registered with the Drug	and Alcohol Clearinghouse.		
Have you ever been denied a license, perr	nit or privilege to operate a motor vel	nicle? □ yes □ no	
Has any license, permit or privilege ever b	een suspended or revoked? 🗆 yes 🗆	□ 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 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
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	rence: \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
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	rence: \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:			
Address:Street	City	State	Zip
Position Held:	Dates of Employment: from	to	
Reason for Leaving:no	May we contact this employer for a	reference: □] yes □
Were you subject to the FMCSRs 2 while employed? \square yes Was your job designated as a safety-sensitive function in requirements of 49 CFR Part 40? \square yes \square no		ug and alcoh	ol testing
Employer #5:	Phone:		
Address:Street	City	State	Zip
Position Held:	Dates of Employment: from	to	
Reason for Leaving:no	May we contact this employer for a	reference: □] yes □
Were you subject to the FMCSRs 2 while employed? \square yes Was your job designated as a safety-sensitive function in requirements of 49 CFR Part 40? \square yes \square no		ug and alcoh	ol testing
Employer #6:	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:] yes □
Were you subject to the FMCSRs ² while employed? \square yes Was your job designated as a safety-sensitive function in requirements of 49 CFR Part 40? \square yes \square no	any DOT-regulated mode subject to the dr	ug and alcoh	ol testing
(Please use the rever	se side if more space is needed)		
E	ducation		
Last school attended:			
Name	C	City	State
Highest Schooling Completed: □ High School Graduate/GE	D Equivalent □Some College/University □	College/Univ	ersity

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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	Truck		-	
Tractor a	and Semi-trailer		-	
Tractor -	- two trailers		-	
Other			-	
states opera	ted in for the last fi	ve years:	l	
		at will help you as a driver:		
w special coc	irses or training the	at will help you as a driver		
ich safe drivir	ng awards to you h	ave and from whom?		
		Accident Records f	or Past 5 Years	
		**List accidents in reverse order s		*
Date	Nat	ure of Accident	Fatalities	Injuries
Date	Nat	ure of Accident	Fatalities □ yes □ no	Injuries
Date	Nat	ure of Accident		Injuries
Date	Nat	ure of Accident (Please use the reverse side	☐ yes ☐ no ☐ yes ☐ no	Injuries
Date			☐ yes ☐ no ☐ yes ☐ no ☐ if more space is needed)	
	Т	(Please use the reverse side	☐ yes ☐ no ☐ yes ☐ no ☐ if more space is needed) feitures for Past 5 Ye	ears
	Т	(Please use the reverse side	☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ firmore space is needed) feitures for Past 5 Ye ith the most recent – do not in	ears
	List convictions and fo	(Please use the reverse side raffic Convictions and For	☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ firmore space is needed) feitures for Past 5 Ye ith the most recent – do not in	ears include parking violations
	List convictions and fo	(Please use the reverse side raffic Convictions and For	☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ firmore space is needed) feitures for Past 5 Ye ith the most recent – do not in	ears include parking violations
	List convictions and fo	(Please use the reverse side raffic Convictions and For	ge yes no yes no yes no if more space is needed) feitures for Past 5 Ye ith the most recent – do not not ge	ears include parking violations
	List convictions and fo	(Please use the reverse side raffic Convictions and Fort orfeitures in reverse order starting with Chart (Please use the reverse side	□ yes □ no □ yes □ no □ yes □ no if more space is needed) feitures for Past 5 Ye ith the most recent – do not not not not not not not not not no	ears include parking violations
	List convictions and fo	(Please use the reverse side raffic Convictions and Fort orfeitures in reverse order starting w. Char	ge yes no yes no yes no if more space is needed) ge ith the most recent – do not not ge if more space is needed) and Qualifications	ears include parking violations
Date	**List convictions and for Location	(Please use the reverse side raffic Convictions and Fort orfeitures in reverse order starting with Character (Please use the reverse side Other Experience as	ge yes no yes no yes no if more space is needed) feitures for Past 5 Yes ith the most recent – do not not ge if more space is needed) and Qualifications more space is needed**	ears 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 complete employment for the seven (7) years preceding follows:		
From:	To:	
During this time, I was engaged in the follow	ng activity:	
То	Be Read and Signed By Applicant	
complete to the best of my knowledge. In the event of employment, I unders interview(s) may result in discharge. I understand. I understand that information I providemployers will be contacted, for the purpose (d) and (e). I understand that I have the right. Review information provided by the part of the errors in the information corrected information to the prospect	de regarding current and/or previous en of investigating my safety performance on to: previous employers; ted by previous employers and for those ive employer; and the alleged erroneous information, if the safety is the saf	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 be previous employers to re-send the
Applicant's S	 gnature	 Date

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