

840 East Green Street, Suite 100 Bensenville, IL 60106 Recruiting: Phone (847) 260-4170, Fax (847) 789-8684 www.rmtrucking.com email: recruiting@rmtrucking.com

Please be sure to print clearly and answer all questions:

Position(s) Applied For:

Drivers License: _____



5235 International Drive Cudahy, WI 53110 Phone (414) 294-5800, Fax (414) 294-5812 www.jeffsfastfreight.com email: recruiting@jeffsfastfreight.com

Date of Application:

Application for Employment – 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.

First	Middle		
Cell Phone Number:			
City	State Zip		
yes \square no Can you provide proo	f? □ yes □ no		
not, can you provide proof of age? \Box	yes □ no		
ю			
Position	Reason for leaving		
•	City City yes no Can you provide proonot, can you provide proonot, can you provide proof of age?		

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

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

Type

Expiration Date

State License Number

Has any license, permit or privilege ever been suspended or revoked? \square yes \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.

List employers in reverse order starting with the most recent

Employer #1:	Phone:			
Address:	City State Zip			
Street	City State Zip			
Position Held:	Dates of Employment: from to			
Bosson for Logging	May we contact this employer for a reference.			
no	May we contact this employer for a reference: \Box yes \Box			
Employer #2:	Phone:			
Address:Street	City State Zip			
Position Held:	Dates of Employment: from to			
	May we contact this employer for a reference: \Box yes \Box			
no				
Employer #3:	Phono			
	Phone:			
Address:Street	City State Zip			
Position Held:	Dates of Employment: from to			
Reason for Leaving:	May we contact this employer for a reference: \Box yes \Box			
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: \Box yes \Box			
no				
	(please use the reverse side if more space is needed)			
(p. sact and the sact and the space to recade)				
Education				

	Luucation			
Last school attended:				
	Name		City	State
Highest Schooling Completed: Graduate	□ High School Graduate/GED Equivalent	□Some College/University	□College/Unive	ersity

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Experience and Qualifications Please check all that apply:

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

Show any trucking, transportation, or other experience that may help in your work	k 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 a	already shown:
To Be Read and Signed By Applican	nt
This certifies that this application was completed by me, and that all entricomplete to the best of my knowledge. In the event of employment, I understand that false or misleading information interview(s) may result in discharge. I understand, also, that I am required to abin Company.	ation given in my applications or
Applicant's Signature	 Date

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