

APPLICATION FOR EMPLOYMENT

R&M Trucking Company
600 N. Thomas Drive
Bensenville, IL 60106

Email: info@rmtrucking.com

Fax: (630) 766-6240

Phone: (847) 616-1080

(answer all questions – please print)

In compliance with Federal and State equal opportunity laws, qualified applicants 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.

Date of Application _____

Position(s) Applied For _____

Name _____ Social Security No. _____ - _____ - _____
Last First Middle

Address _____
Street City
State Zip Phone _____

Address For _____ How Long? _____
The Past Five _____
Years _____
Street City State Zip
Street City State Zip

Do you have the legal right to work in the United States? _____

Are you over the age of 18? _____ If no, can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain details fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish _____

EMPLOYMENT HISTORY INFORMATION – DRIVING POSITIONS ONLY
(LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

All driver applicants to drive 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 whom the applicant operated such vehicle.

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ² WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (CONTINUED)

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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) weighs 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.

MILITARY STATUS

Have you served in the U.S. Armed Forces? YES NO Branch _____

EDUCATION

Circle highest grade completed : 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____
 NAME CITY

EXPERIENCE AND QUALIFICATIONS

Driver License	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

List states operated in for last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you have and from whom? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – PLATFORM

List types of platform experience and years of each _____

List platform equipment you can operate(lift truck, etc.) _____

Show courses or training in platform work _____

EXPERIENCE AND QUALIFICATIONS – MAINTENANCE

List types of maintenance experience and years of each _____

Show Equipment You Can Operate	Check	Years of Experience	Show Equipment You Can Operate	Check	Years of Experience
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

List courses in maintenance work _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation, or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from liability in responding to inquiries and releasing information in connection with my application.

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.

_____ Date

_____ Applicant's Signature

BELOW IS FOR OFFICE USE ONLY

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
MATHEMATICS TEST						
MEASUREMENT TEST						
COMPREHENSION TEST						

NOTES:

Mathematics Skills Test

Please solve the problems below. You may use the back of the paper for calculating if you need more room.

$$\begin{array}{r} 1. \ 3221 \\ - 189 \\ \hline \end{array}$$

$$\begin{array}{r} 2. \ 348 \\ 922 \\ + 163 \\ \hline \end{array}$$

$$\begin{array}{r} 3. \ 28 \\ \times 32 \\ \hline \end{array}$$

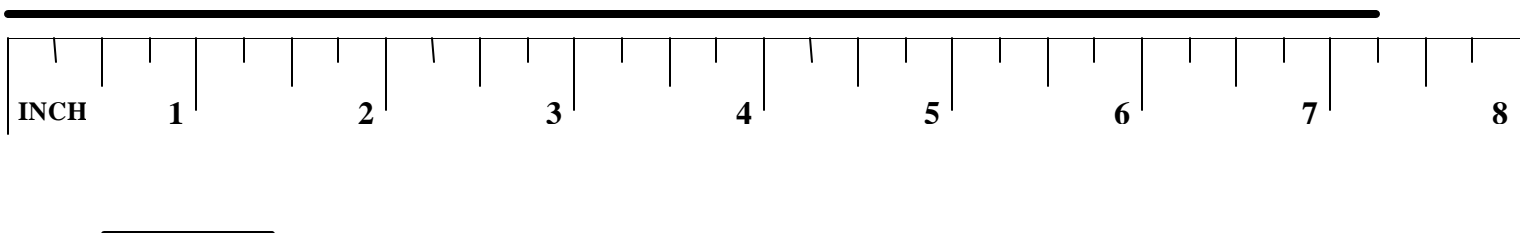
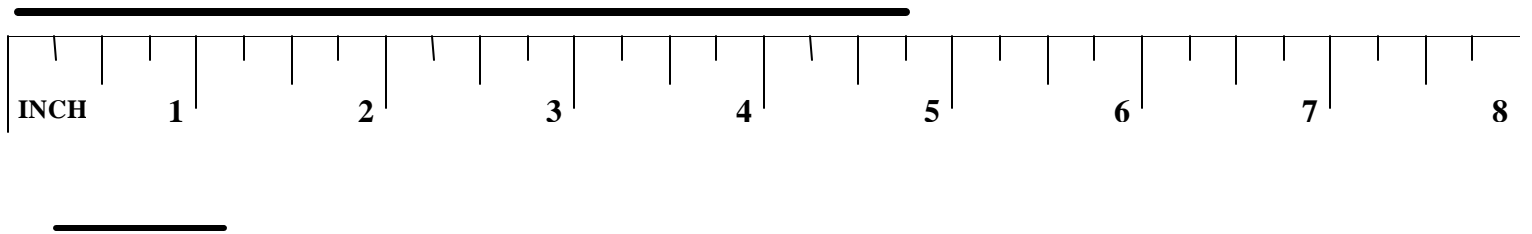
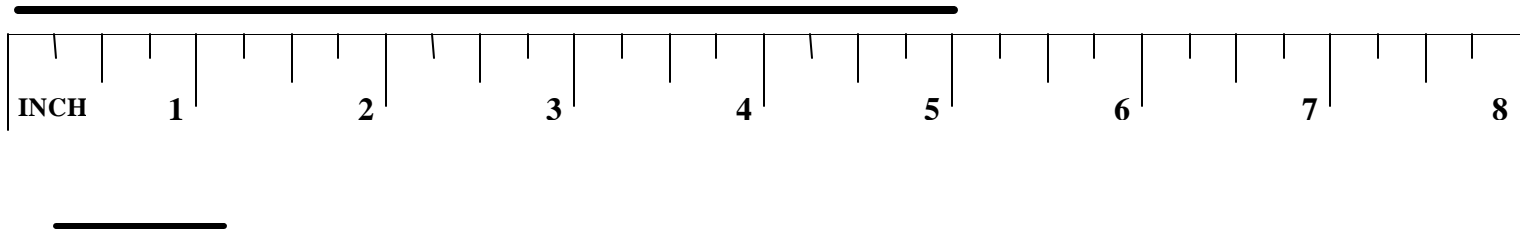
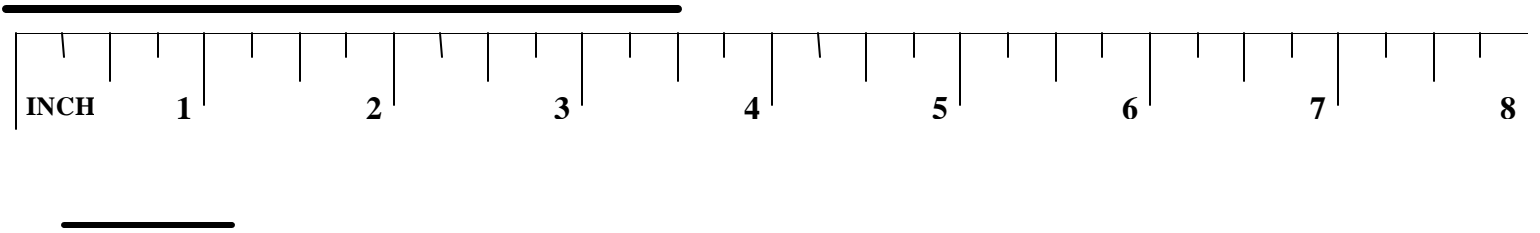
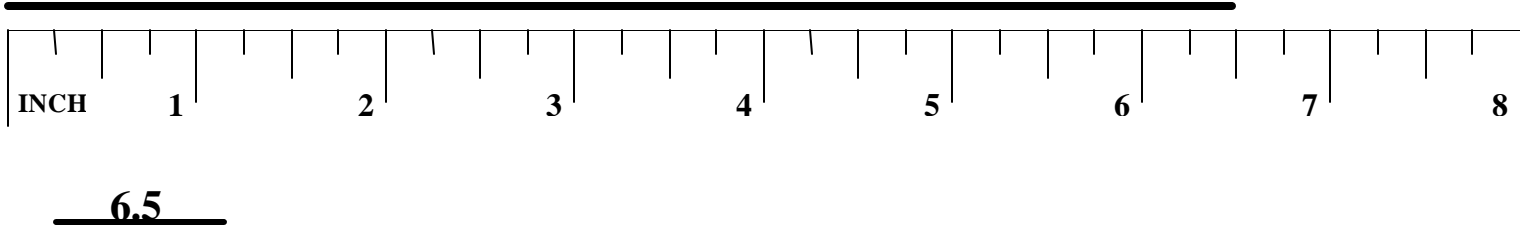
$$4. \ 12 \div 168$$

$$5. \ 12.46 + 9.829 + 1.1 + 72.5 =$$

Measurement Test

In the space provided, please write the measurement in inches indicated by the black bar.

Example:



Comprehension Test

Read the following paragraph and answer the questions below.

Oscar woke up at 6:30, just as the sun began to rise. He had to get ready for work, so he brushed his teeth and took a shower. Oscar then combed his hair and got dressed. He put on his red R&M shirt. Oscar wanted to eat something before he had to leave. It takes Oscar 30 minutes to get to work, and he started at eight o'clock. Oscar looked at his watch. It said 7:15.

Circle the correct answer.

1. What time does Oscar start work?

A. 6:30 AM C. 7:15 AM

B. 6:30 PM D. 8:00 AM

2. What was the FIRST thing Oscar did to get ready for work?

A. took a shower C. shaved

B. brushed his teeth D. combed his hair

3. What color was Oscar's shirt?

Question 4 has two parts:

4a. Do you think Oscar ate anything before he left for work?

A. Yes B. No

4b. Why do you think that? (Write one or two sentences.)
