

# APPLICATION FOR EMPLOYMENT

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

Email: [info@rmtrucking.com](mailto: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.

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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**

Provide employment information for the past 3 years. Attach a separate sheet if more space is needed

|                 |       |     |              |     |                           |
|-----------------|-------|-----|--------------|-----|---------------------------|
| <b>EMPLOYER</b> |       |     | <b>DATES</b> |     | <b>POSITION HELD</b>      |
| NAME            |       |     | FROM         |     | <b>REASON FOR LEAVING</b> |
| ADDRESS         |       |     | MO.          | YR. |                           |
| CITY            | STATE | ZIP | TO           |     |                           |
| PHONE NUMBER    |       |     | MO.          | YR. |                           |

May we contact this employer for a reference?  YES  NO

|                 |       |     |              |     |                           |
|-----------------|-------|-----|--------------|-----|---------------------------|
| <b>EMPLOYER</b> |       |     | <b>DATES</b> |     | <b>POSITION HELD</b>      |
| NAME            |       |     | FROM         |     | <b>REASON FOR LEAVING</b> |
| ADDRESS         |       |     | MO.          | YR. |                           |
| CITY            | STATE | ZIP | TO           |     |                           |
| PHONE NUMBER    |       |     | MO.          | YR. |                           |

May we contact this employer for a reference?  YES  NO

|                 |       |     |              |     |                           |
|-----------------|-------|-----|--------------|-----|---------------------------|
| <b>EMPLOYER</b> |       |     | <b>DATES</b> |     | <b>POSITION HELD</b>      |
| NAME            |       |     | FROM         |     | <b>REASON FOR LEAVING</b> |
| ADDRESS         |       |     | MO.          | YR. |                           |
| CITY            | STATE | ZIP | TO           |     |                           |
| PHONE NUMBER    |       |     | MO.          | YR. |                           |

May we contact this employer for a reference?  YES  NO

|                 |       |     |              |     |                           |
|-----------------|-------|-----|--------------|-----|---------------------------|
| <b>EMPLOYER</b> |       |     | <b>DATES</b> |     | <b>POSITION HELD</b>      |
| NAME            |       |     | FROM         |     | <b>REASON FOR LEAVING</b> |
| ADDRESS         |       |     | MO.          | YR. |                           |
| CITY            | STATE | ZIP | TO           |     |                           |
| PHONE NUMBER    |       |     | MO.          | YR. |                           |

May we contact this employer for a reference?  YES  NO

|                 |       |     |              |     |                           |
|-----------------|-------|-----|--------------|-----|---------------------------|
| <b>EMPLOYER</b> |       |     | <b>DATES</b> |     | <b>POSITION HELD</b>      |
| NAME            |       |     | FROM         |     | <b>REASON FOR LEAVING</b> |
| ADDRESS         |       |     | MO.          | YR. |                           |
| CITY            | STATE | ZIP | TO           |     |                           |
| PHONE NUMBER    |       |     | MO.          | YR. |                           |

May we contact this employer for a reference?  YES  NO

**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**

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**EXPERIENCE AND QUALIFICATIONS – CLERICAL**

| Type of Experience            | Training (check) | Years of Experience | Type of Experience                        | Training (check) | Years of Experience |
|-------------------------------|------------------|---------------------|---|------------------|---------------------|
| Shorthand <sup>1</sup>        |                  |                     | Rates <sup>2</sup>                        |                  |                     |
| Billing                       |                  |                     | OS & D                                    |                  |                     |
| TWX                           |                  |                     | Interline                                 |                  |                     |
| PBX                           |                  |                     | Claims                                    |                  |                     |
| Key Punch Operator            |                  |                     | Cashier                                   |                  |                     |
| Calculator                    |                  |                     | Accounting                                |                  |                     |
| Dictating Machine Transcriber |                  |                     | Dispatcher                                |                  |                     |
| Bookkeeping Machine           |                  |                     | Tabulator                                 |                  |                     |
| Computer Skills               |                  |                     | <sup>1</sup> Indicate Words Per Minute    |                  |                     |
| Software Programs             |                  |                     | <sup>2</sup> Indicate Tariffs Worked With |                  |                     |

List courses and training for office \_\_\_\_\_

**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.

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

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

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

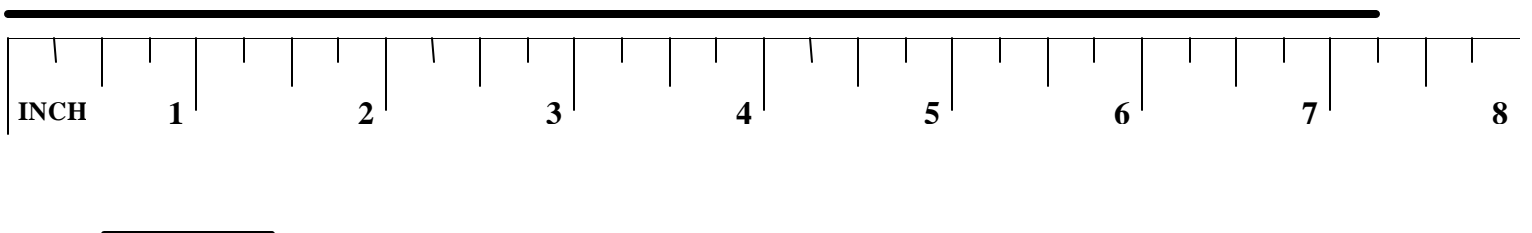
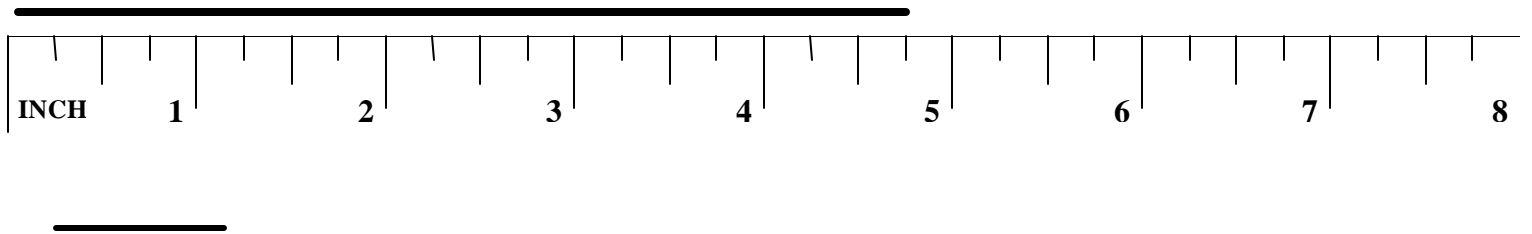
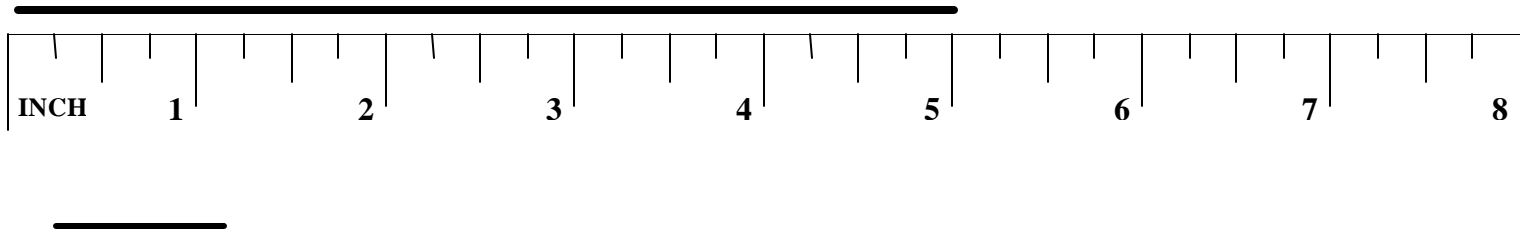
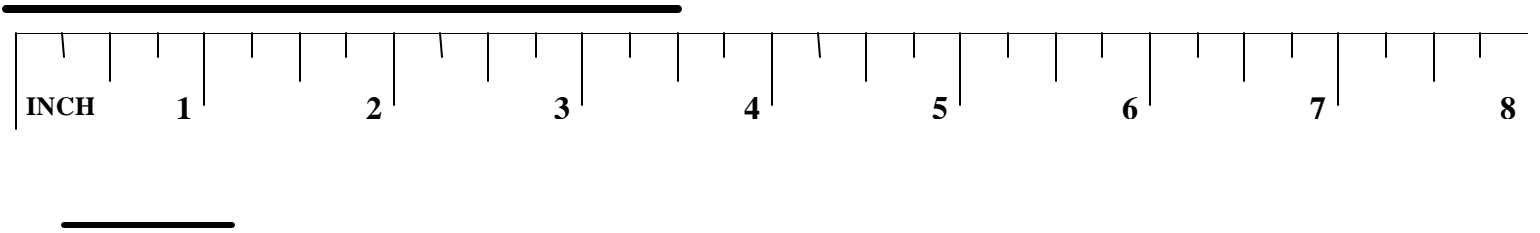
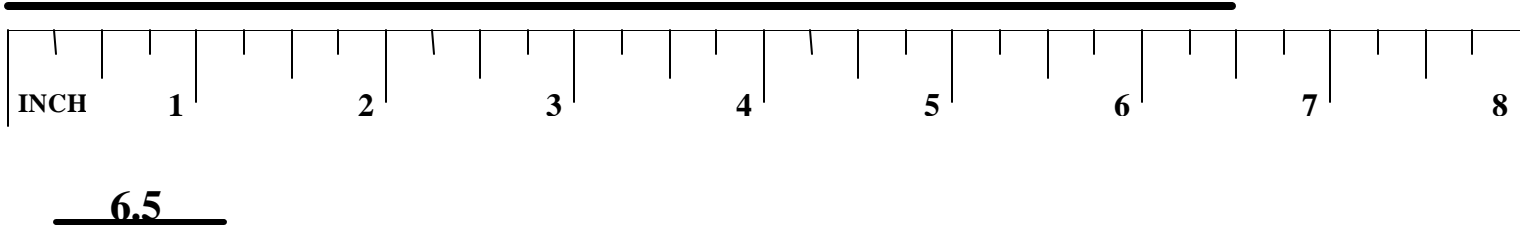
$$4. \ 12 \div 168$$

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

# 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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_