



1355 E. Archwood Avenue

Akron, Ohio 44306

Phone: 330-375-0905

Email: mhickin@jmjtransporation.com

Fax Application: 330-375-0907

Employment Application - Office/Garage Position

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date of Application: _____ Position Applying For: _____

Full Name: _____ Date of Birth: ____/____/____

Address: _____

Phone Number: _____

Email: _____

SS#: _____

List Any Prior Addresses you have lived in the past three years

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S. Yes No

Are you over the age of 17? If no, a minor work permit will be necessary. 18 is the minimum age for driving a company vehicle

Do you have a valid State of Ohio driver's license? Yes No

Have you ever been denied a driver's license? Yes No If yes, when? _____

Reason: _____

Have you ever been convicted of a felony? Yes

If yes, list date and nature of offense:

Education			
High School			City, State
From	To	Did your graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
College			City, State
From	To	Did your graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study/ Degree Obtained
Other			City, State
From	To	Did your graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Previous Employment

Employer		Phone
Address		Supervisor
Job Title	Starting Salary\$	Ending Salary \$
Duties		
From	To	Reason for leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer		Phone
Address		Supervisor
Job Title	Starting Salary\$	Ending Salary \$
Duties		
From	To	Reason for leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer		Phone
Address		Supervisor
Job Title	Starting Salary\$	Ending Salary \$
Duties		
From	To	Reason for leaving:
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Service Record

Where you in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what branch?
Dates of Duty	Rank at Discharge
List Duties in the service including special training	

References: Please list three professional references (no relatives)

Name	Title	Years Acquainted
Company	Phone	
Name	Title	Years Acquainted
Company	Phone	
Name	Title	Years Acquainted
Company	Phone	



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AUTHORIZATION TO RUN MVR REPORT

I, _____, give my permission to run a check on my
MVR report.

Driver's License#_

Social Security#_

Date of Birth_

Years of driving experience_

Applicant's Signature

I certify that all information herein is true and correct. I also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance.

Signed_____ Date_____

I understand that I have provided the above information so that the company may determine whether I meet their safety character and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for in federal regulations.

Signed_____ Date_____

FAX COMPLETED APPLICATION TO: 330-375-0907
Or email to: mhickin@jnjtransportation.com