



1355 E. Archwood Avenue

Akron, Ohio 44306

Phone: 330-375-0905

Email: mhickin@jmjtransporation.com

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? ____ Yes ____ No	GED Obtained? ____ Yes ____ No ____ N/A
College			City, State
From	To	Did your graduate? ____ Yes ____ No	Course of Study/ Degree Obtained
Other			City, State
From	To	Did your graduate? ____ Yes ____ No	GED Obtained? ____ Yes ____ No ____ 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? _____ Yes ____ 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? _____ Yes ____ 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? _____ Yes ____ No		

Military Service Record

Where you in the Armed Forces? _____ Yes ____ 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_____

EMAIL COMPLETED APPLICATION TO:
mhickin@jmjtransportation.com