



Jack Cooper Transport and Pacific Motor Trucking (An Equal Opportunity Employer)

- Type of Work Desired:
- Driving
 - Mechanical
 - Auto Handler
 - Yard (General)
 - TAPI

PLEASE PRINT!

Full Name _____ Social Security Number _____ — _____ — _____
 (Last (First (Middle Initial)

Mailing Address: _____ Alternate Address _____
 _____ Zip Code _____ Zip Code _____

Telephone (_____) Telephone (_____)

List Other Residence(s) for three years prior to application:

Address: _____ Address _____
 _____ Zip Code _____ Zip Code _____

Address: _____ Address _____
 _____ Zip Code _____ Zip Code _____

Do you have a legal right to be employed in the United States? Yes No If offered a position, the Immigration Reform & Control Act of 1986 requires that you furnish satisfactory proof of employment authorization and identification within three days of being hired.

Date available for employment _____

Salary Expected: _____ Location Preference _____

Have you worked for this company before? Yes No Where? _____ Position _____

Dates: From _____ to _____ Reason for leaving _____

EDUCATION

School	Name and Location of School	Course of Study	Check Last Year Completed	Did you Graduate?	Degree or Diploma
High		Major	1 2 3 4	<input type="checkbox"/> Yes	
		Minor		<input type="checkbox"/> No	
College		Major	1 2 3 4	<input type="checkbox"/> Yes	
		Minor		<input type="checkbox"/> No	
College		Major	1 2 3 4	<input type="checkbox"/> Yes	
		Minor		<input type="checkbox"/> No	
Other		Major	1 2 3 4	<input type="checkbox"/> Yes	
		Minor		<input type="checkbox"/> No	
Truck Driving School		Is school PTDIA certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	# of weeks training

Special Training Course: _____

EMPLOYMENT RECORD

Minimum: Last 10 Years

List Present or Last Employer First (Attach sheet if more space is needed)

If there were times when unemployed, state disposition of time.

↓ Company Name	MO/YR From	Salary	↓ Job Title
↓ Company Telephone Number Required (Area Code & Number)			↓ Nature of Work
↓ Address (Street Number)	To		
↓ City ↓ State ↓ Zip Code			↓ Reason for Leaving
↓ Name and Title of Supervisor			

↓ Company Name	MO/YR From	Salary	↓ Job Title
↓ Company Telephone Number Required (Area Code & Number)			↓ Nature of Work
↓ Address (Street Number)	To		
↓ City ↓ State ↓ Zip Code			↓ Reason for Leaving
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↓ Company Telephone Number Required (Area Code & Number)			↓ Nature of Work
↓ Address (Street Number)	To		
↓ City ↓ State ↓ Zip Code			↓ Reason for Leaving
↓ Name and Title of Supervisor			

EXPERIENCE AND QUALIFICATIONS (Must Be Completed By All Applicants)

List ALL states in which you are currently licensed or have been licensed within the past five (5) years.

	State	License Number	Type	Expiration Date
Driver License				

- 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, GIVE DETAILS:

DRIVING EXPERIENCE

Class or Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Auto Transport				

Total number of years of Commercial Tractor Trailer driving experience: _____

List states operated in for last five years: _____

Show special courses or training that will help you in desired work: _____

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

**Before completing the following section,
please be aware that a MVR will be obtained from every state you are now or have been licensed in for the past five (5) years.**

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS WITHIN THE LAST FIVE YEARS? Yes No Show records below. (Attach sheet if more space is needed.)

Dates	Location	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Injuries or Fatalities	Amount of Property Damage
Last Accident				
Next Previous				
Next Previous				

HAVE YOU RECEIVED ANY TRAFFIC VIOLATIONS, CONVICTIONS OR FORFEITURES IN THE PAST THREE YEARS? Yes No Show records below.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed.)

Have you been convicted of a felony? yes no Court Martialed? yes no
(An affirmative response will not automatically disqualify you from being a candidate for employment.)

If yes, give date and details: _____

Do you have friends or relatives employed by this company? yes no If yes, indicate below:

Name _____ Location _____

Name _____ Location _____

EXPERIENCE AND QUALIFICATIONS – MAINTENANCE POSITIONS ONLY

Indicate types of maintenance and years of each

Experience	Check	Years Experience	Experience	Check	Years Experience
Hydraulics			Transmission Replacement		
Clutch Replacement			Front End Work		
Differential Replacement			Air Conditioner Repair		
Air Brakes and Valves			Chassis Dynamometer		
DDEC Experience			Air Ride Suspensions		
Electrical and Component Repair			Vehicle Inspection		
Engine and Accessory			Detroit (GMC) Diesel		
Aluminum Welding			Cummins Diesel Experience		
Electric Welder					
Oxyacetylene Welder			Other		

List courses and training in maintenance work: _____

I hereby certify that I have personally completed this application. I further certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that the information I have provided on this application will be used to contact prior employers for purposes of investigating my background as required by 391.23 of the Motor Carrier Safety Regulations. I understand that any omission or misstatement of material facts is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Jack Cooper Transport Co., Inc. to thoroughly investigate my work record, experience, references and other matters related to my suitability and qualifications for employment. I authorize the previous employers and references I have listed to disclose to Jack Cooper Transport any and all information related to my work record. I hereby release Jack Cooper Transport and former employers, persons, companies or corporations supplying such information from all liability arising out of such investigation and disclosure. I agree to submit to pre-employment drug screening and random drug testing as required by law if offered a position with the Company.

I understand that nothing contained in the application or conveyed during an interview is intended to create an employment contract between the Company and me. This application does not obligate the company to hire me.

Applicant's Signature: _____ Date: _____
