



# Jack Cooper Transport and Pacific Motor Trucking

(An Equal Opportunity Employer)

PLEASE PRINT!

Type of Work Desired:

- ☐ Staff  
☐ Management

Full Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Social Security Number \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_  
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 ☐ 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	

Special Training Course: \_\_\_\_\_

**EMPLOYMENT RECORD**

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



**EMPLOYMENT RECORD**  
(continued)

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

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

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 \_\_\_\_\_

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. 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 agree to submit to pre-employment drug screening if offered a position with the Company.

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 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: \_\_\_\_\_