



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

**PLEASE PRINT!**

Type of Work Desired:

- ☐ Driving  
☐ Mechanical  
☐ Auto Handler  
☐ Yard (General)  
☐ TAPI

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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           | <input type="checkbox"/> Yes<br><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<br>From | Salary | ↓ Job Title          |
| ↓ Company Telephone Number Required (Area Code & Number) |               |        | ↓ Nature of Work     |
| ↓ Address (Street Number)                                |               |        |                      |
| ↓ City   | To            |        | ↓ Reason for Leaving |
| ↓ State  |               |        | ↓ Zip Code           |
| ↓ Name and Title of Supervisor                           |               |        |                      |

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

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

|  |               |        |                      |
|--|---------------|--------|----------------------|
| ↓ Company Name   | MO/YR<br>From | Salary | ↓ Job Title          |
| ↓ Company Telephone Number Required (Area Code & Number) |               |        | ↓ Nature of Work     |
| ↓ Address (Street Number)                                |               |        |                      |
| ↓ City   | To            |        | ↓ Reason for Leaving |
| ↓ State  |               |        | ↓ Zip Code           |
| ↓ 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<br>(Van, Tank, Flat, etc.) | Dates |    | Approximate Number of Miles<br>(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 ☐ Yes ☐ No Show records below. (Attach sheet if more space is needed.)  
WITHIN THE LAST FIVE YEARS?

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

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

| 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 \_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_

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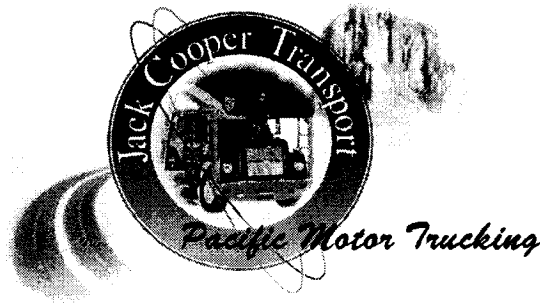
I hereby certify that I have personally completed this application. I further certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that the information I have provided on this application will be used 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: \_\_\_\_\_

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## DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC SERVICES TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied to DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date