

R & R, INC.

APPLICATION FOR EMPLOYMENT

Locations:

R & R INC. • 44 Victoria Road • Youngstown, OH 44515 • (330) 799-1536 • Fax (330) 799-6854
Cleveland Mack Sales & Service • 4847 Johnston Parkway • Cleveland, OH 44128 • (216) 581-3300 • Fax (216) 581-1717
R & R INC. of PA • 3015 New Butler Road • New Castle, PA 16101 • (724) 658-4594 • Fax (877) 593-2022

(answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____

Last

First

Middle

Address _____

Street

City

State

Zip

Phone _____

ADDRESS FOR PAST _____ How Long? _____

Street

City

State & Zip Code

THREE _____ How Long? _____

YEARS _____ How Long? _____

Street

City

State & Zip Code

Do you have the legal right to work in the United States? _____

Are you over the age of 18? _____ If no, can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

Provide employment information for the past 3 years. Attach a sheet if more space is needed.

EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____	DATES FROM MO. YR. TO MO. YR.	POSITION HELD _____ REASON FOR LEAVING _____ _____
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EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____	DATES FROM MO. YR. TO MO. YR.	POSITION HELD _____ REASON FOR LEAVING _____ _____
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EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____	DATES FROM MO. YR. TO MO. YR.	POSITION HELD _____ REASON FOR LEAVING _____ _____
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EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____	DATES FROM MO. YR. TO MO. YR.	POSITION HELD _____ REASON FOR LEAVING _____ _____
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MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS				
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, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____
 SHOW SPECIAL COURSES OR TRAINING THAT WIL HELP YOU AS A DRIVER: _____
 WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.) _____

SHOW COURSES OR TRAINING IN PLATFORM WORK _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State-Federal)		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning (Cab)			Emissions/Smoke Testing		
Refrigeration (Cargo)			Inspections (State/Federal)		
ASE Certification(s) (Specify)			General Car Repair		

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the Company.

_____ Date

_____ Applicant's Signature

Reason for leaving _____

REFERENCES

Name: _____

Address: _____ Phone: () _____

Email: _____ Fax: () _____

Name: _____

Address: _____ Phone: () _____

Email: _____ Fax: () _____

Name: _____

Address: _____ Phone: () _____

Email: _____ Fax: () _____

Name: _____

Address: _____ Phone: () _____

Email: _____ Fax: () _____

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