

R” Delivery, Inc.

Leland, Illinois 60531

Fax 866-610-9607

Office 815-735-4259

Application for Employment: Page 1 of 2.

Applicants full name: _____

Street: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Emergency Phone: _____

Date of Birth _____ Social Security # _____

Addresses: (past 3 locations):

City _____ State _____ Zip _____ Dates _____

City _____ State _____ Zip _____ Dates _____

City _____ State _____ Zip _____ Dates _____

Attach a sheet if more space is necessary.

Drivers License # _____ State _____ Type _____ Expires _____

Drivers License # _____ State _____ Type _____ Expires _____

Job Experience: (Last 4 jobs, list the most recent first)

Employer _____

Contact name _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Employment: Starting _____ Ending _____

Employer _____

Contact name _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Employment: Starting _____ Ending _____

Employer _____

Contact name _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Employment: Starting _____ Ending _____

Employer _____

Contact name _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Employment: Starting _____ Ending _____

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Accident Record:

Last accident date _____ Nature of accident _____ Result _____

Last accident date _____ Nature of accident _____ Result _____

Have you been Charged with or Convicted of a felony? YES or NO

Explain _____

Health: Can you do the following? Ask for details if necessary.

Can you lift heavy weights? Yes or No

Can you climb? Yes or No

Do you take prescription medication? Yes or No Explain _____

Do you smoke? Yes or No

References: (No Relatives Please.)

Name _____ Phone# _____

Your relationship to the reference _____

Name _____ Phone# _____

Your relationship to the reference _____

Name _____ Phone# _____

Your relationship to the reference _____

How did you find out about “R” Delivery: _____

List any of your on the job equipment and safety training.

Attach a resume if you would like or add more details on an additional sheet of paper.

Reminder:

Attach your Department of Motor Vehicles Report and Medical Examination Report.

Please attach any additional information which describes your skills and experiences that improve your ability to work in a customer service driving position handling forklifts and oversize materials.

“R” Delivery staff will be checking references and performing background checks.

Signature of Applicant: _____

Thank you. Have a Great Day!