



For Employer Use Only:

Supervisor: _____

Hire Date: _____

Classification: Commercial Driver's License Commercial Motor Vehicles Non/CMV Non-Driver

Employment Application

Please print all information clearly

Last Name		First Name		Middle Name	
Current Address				Telephone Number	
City		State		Zip Code	
County					
Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are offered a position, you will be required to produce evidence of your identity and employment eligibility.			What are your wage/salary expectations? \$ _____ / hour year		When would you be able to start working? _____
Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		In accordance to FMCSR, to operate a Commercial Motor Vehicle (CMV) interstate you need to be at least 21 years old. Only complete if applicable to the job you are applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been employed by HL Chapman and/or an affiliate? If so, what company did you work for and what date?					
Do you have any relatives working for HL Chapman and/or an affiliate? If so, who is your relative?					
Do you have a valid driver's license? As applicable to the job you are applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? As applicable to position applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details.					
Has any license, permit, or privilege ever been suspended or revoked? As applicable to position applying for. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details.					
Are you willing to participate in a background check upon conditional job offer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you able to perform the essential functions of the job for which you are applying for, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:					
School Name		Location		Years Attended	
GED, Diploma or Degree					
High School					
College or University					
Other (Technical, Vocational, Business, etc.)					
List any achievements, awards, honors, etc.					



Employment History

Please print all information clearly.

Instructions: Please list your employer(s) for the past three years, listing the most recent employer first. Any gaps in employment and/or unemployment must be explained. If additional space is required, please enter on a separate sheet.

*** CDL Drivers:** Please list your employers for the past ten years, listing the most recent employer first.

When answering questions A and B, please refer to the following information.

* The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Work Ended ----- Month / Year	Company Name	Position Held
	Address (street address, city, state, zip code)	Phone Number
Work Began ----- Month / Year	Supervisor Name	Supervisor Phone Number
	Reasons for Leaving	

A. Were you subject to the FMCSRs* while employed? YES NO

B. Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Account for Period between Jobs with Reason (if applicable) **From** **To (Current)**

Month / Year Month / Year

Work Ended ----- Month / Year	Company Name	Position Held
	Address (street address, city, state, zip code)	Phone Number
Work Began ----- Month / Year	Supervisor Name	Supervisor Phone Number
	Reasons for Leaving	

A. Were you subject to the FMCSRs* while employed? YES NO

B. Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Account for Period between Jobs with Reason (if applicable) **From** **To (Current)**

Month / Year Month / Year

Work Ended ----- Month / Year	Company Name	Position Held
	Address (street address, city, state, zip code)	Phone Number
Work Began ----- Month / Year	Supervisor Name	Supervisor Phone Number
	Reasons for Leaving	

A. Were you subject to the FMCSRs* while employed? YES NO

B. Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO



Account for Period between Jobs with Reason (if applicable)		From	To (Current)
		_____/_____/_____ Month / Year	_____/_____/_____ Month / Year
Work Ended	Company Name	Position Held	
----- Month / Year	Address (street address, city, state, zip code)	Phone Number	
Work Began	Supervisor Name	Supervisor Phone Number	
----- Month / Year	Reasons for Leaving		

A. Were you subject to the FMCSRs* while employed? YES NO

B. Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Account for Period between Jobs with Reason (if applicable)		From	To (Current)
		_____/_____/_____ Month / Year	_____/_____/_____ Month / Year
Work Ended	Company Name	Position Held	
----- Month / Year	Address (street address, city, state, zip code)	Phone Number	
Work Began	Supervisor Name	Supervisor Phone Number	
----- Month / Year	Reasons for Leaving		

A. Were you subject to the FMCSRs* while employed? YES NO

B. Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO

Account for Period between Jobs with Reason (if applicable)		From	To (Current)
		_____/_____/_____ Month / Year	_____/_____/_____ Month / Year

References

If you did not provide work references in your employment history, list three individuals who have knowledge of your occupational skills and background.

Name	Telephone Number	Occupation	Length of Time Known



Employment Statement

An Equal Opportunity Employer

HL Chapman and/or affiliates, provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, HL Chapman and/or affiliates complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.

Please read the following statement before signing.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

I understand that the hiring process may require interviews, written tests and job demonstrations. I agree that I will state whether I need any reasonable accommodations for the job selection procedures.

I understand and agree that I will participate in a Drug and Alcohol test and a physical examination if a job offer is made and that my employment is contingent on satisfactory completion of the test and the examination.

Furthermore, I understand that misrepresentation or omission of requested information may result in my disqualification of employment or dismissal from employment process.

This application is not an employment contract. Any offer of employment will be on an employment-at-will-basis. This means that I will not have an express or implied employment contract and that both the employer and I will have the right to terminate my employment at any time and for any reason.

My signature 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.

Name (Printed): _____ **Date:** _____

Signature: _____



EEO: Affirmative Action Self-Identifier Form

We are Equal Opportunity Employer. As required by law, we must record certain information as part of our Affirmative Action Program. Applicants for employment are invited to complete this informational form. You are advised that (a) you are under no obligation to respond but may do so in the future, (b) responses will remain confidential, and (c) responses are only used to provide necessary information included in Affirmative Action reporting. Refusal to provide this information will have no effect on your application for employment.

Personal Information

Please print legibly.

Name: _____	
Position Applying For: _____	Application Date: _____

Ethnicity

Please check all that apply.

<input type="checkbox"/> White (not Hispanic or Latino). Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino). Persons having origins in any of the original peoples of Hawaii, Guam Samoa, or other Pacific Islands.
<input type="checkbox"/> Black or African American (not Hispanic or Latino). Persons having origins in any of the black racial groups of Africa.	<input type="checkbox"/> Hispanic or Latino (including Black individuals whose origins are Hispanic). Mexican/Mexican-American/Chicano: Persons of the Mexican culture or origin, regardless of race. Latin-American/Latino: Persons of Latin America (e.g. Central American, South American, Cuban, Puerto Rican) culture of origin, regardless of race. Other Spanish/Spanish-American: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above.
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino). Persons having origins in any of the original peoples of North and South America, including Central America, who maintain tribal affiliation or community.	<input type="checkbox"/> Multi-Racial. Persons who identify with more than one of the above races/ethnicities.
<input type="checkbox"/> Asian (not Hispanic or Latino). Chinese/Chinese-American: Persons having origins in any of the original peoples of China. Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan. Filipino/Pilipino: Persons having origins in any of the original people of the Philippine Islands. Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g. India and Pakistan). Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand, and Vietnam) and Southeast Asia.	<input type="checkbox"/> I choose not to answer.

Gender

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> I choose not to answer.
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Veteran Status

<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Eligible Veteran	<input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> I choose not to answer.
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This form is to be kept in a local file that is separate from the employment application.