



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to age, color, creed, disability, gender, gender identity, gender expression, marital status, national origin, race, religion, sexual orientation, veteran status, or any other legally protected status.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell/Msg \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ How long have you lived in the area? \_\_\_\_\_

Prior Addresses (past three years) \_\_\_\_\_

Email address: \_\_\_\_\_

Position Applied For \_\_\_\_\_ Rate of Pay Desired \_\_\_\_\_ Yrs of Experience \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Date Available \_\_\_\_\_

Do you have evidence of the legal right to work in the United States? \_\_\_\_\_

Do you have relatives/acquaintances employed at H & L Charter? \_\_\_\_\_

Hobbies/Special Interests \_\_\_\_\_

<b>Education</b>	<b>Name &amp; Address</b>	<b>Years Completed/Degree</b>
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High School _____	_____	_____
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College _____	_____	_____
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Other _____	_____	_____
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<b>References</b>	<b>Name &amp; Address</b>	<b>Telephone</b>
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<b>Military</b>	<b>Dates From/To</b>	<b>Branch</b>	<b>Status</b>
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_____	_____	_____	_____
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How did you hear about our company? \_\_\_\_\_

8801 Helms Avenue  
Rancho Cucamonga, Ca 91730  
909-466-3984 or [info@hlcharter.com](mailto:info@hlcharter.com)  
[www.hlcharter.com](http://www.hlcharter.com)

## EMPLOYMENT HISTORY

List employers in reverse order starting with the most recent. Please submit complete information. Driver applicants previously employed in intrastate or interstate commerce shall provide ten years of employment information for those employers for whom the applicant operated a motor vehicle.

EMPLOYER	DATE
Name	From <span style="float: right;">To</span>
Address	Position Held
City, St, Zip	Reason for leaving
Contact Person <span style="float: right;">Phone</span>	

Were you subject to FMCSRs while employed here:  Yes  No

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

EMPLOYER	DATE
Name	From <span style="float: right;">To</span>
Address	Position Held
City, St, Zip	Reason for leaving
Contact Person <span style="float: right;">Phone</span>	

Were you subject to FMCSRs while employed here:  Yes  No

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

EMPLOYER	DATE
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City, St, Zip	Reason for leaving
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City, St, Zip		Reason for leaving	
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Name		From	To
Address		Position Held	
City, St, Zip		Reason for leaving	
Contact Person	Phone		

Were you subject to FMCSRs while employed here:  Yes  No

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

Physical Exam Expiration Date: \_\_\_\_\_

States Operated in (past 5 years): \_\_\_\_\_

**Driver's Licenses** (past three years)

State	License Number	Type	Expiration Date

Have you ever been denied a license? \_\_\_\_\_

Have you ever had your license suspended or revoked? \_\_\_\_\_

If either answer is yes, please explain: \_\_\_\_\_

**Traffic Convictions** (past three years, not including parking violations)

Date	Location	Charge	Penalty

**Accident Record** (past three years)

Date	Location	Nature of	Injuries/Fatalities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Driving Experience**

Equipment Type	Dates From/To	Estimated Miles
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR DRIVER APPLICANTS ONLY**

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Additional Information**

List any other job related skills, specialized training, other qualifications or awards that are pertinent to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reasonable Accommodations**

Please review the description of the activities involved in this job. Are you capable of performing, in a reasonable manner, the activities involved in the job for which you are applying.

Yes \_\_\_\_\_ No \_\_\_\_\_ With reasonable accommodations, such as \_\_\_\_\_

\_\_\_\_\_

I certify that the information contained herein is true and complete. In the event of employment, I understand that false or misleading statements may result in termination.

I authorize the motor carrier or its agents to investigate my background to obtain any and all information of concern to my record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of having furnished such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

This application for employment will be considered active for 60 days. Any applicant wishing to be considered for employment beyond that time must contact the company or submit a new application whichever is applicable.

I understand that a conditional offer of employment may be made and is not binding until all requirements are met (an example: a background check or a negative pre-employment drug screen for driver applicants).

I understand that any employment relationship with this company is **“at will”** which means that the employee may resign at any time and the employer may terminate the employee at any time, with or without notice.

I understand that, if I am hired, I must abide by company policies and procedures throughout the course of my employment.

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Applicant's Signature

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Date