



PLEASE NOTE: You need the latest version of Adobe Reader to complete this Application for Employment on your computer and submit it via email. Go to <http://www.adobe.com> to download the free, Adobe Reader program.

If you use an email application such as Outlook, Thunderbird, or Mail you can email your completed Application by clicking the "Send via Email Now" button on the last page. **If you use a browser based email program such as Yahoo or Hotmail, download the Application first and then complete it. Next, save the changes and email it as an attachment to:** Employment@PrioritySameDay.com.

Application for Employment

Absolutely everything we do at Priority revolves around our Drivers. All non-driving positions at Priority are in place to support them. Customer impressions of our company, and their decision to use us, are based on the skill and professionalism of our Drivers.

The only way to fully understand what Priority is all about is to get out there and deliver freight. This is why all positions use the same driver oriented application for employment. Sooner or later you may be asked to drive. It may be to gain first-hand experience, or to prevent a customer service failure. No matter how infrequently you drive, DOT regulations require you to complete the same application for employment as Drivers do.

Drivers are held to a higher standard than other employees with regards to their driving record. If you are applying for a driving position, the following paragraph applies to you.

Driver applicants: ***SAFE DRIVING IS CRITICAL HERE. Do not submit this application if you have more than one speeding ticket, traffic violation, or at fault motor vehicle accident (one you caused or contributed to) within the last 3 years.*** Just to be clear, we mean more than one from all the categories combined, not individually. This includes not only the state you have a driver's license for, but any other state and Canada. We understand this policy will prevent some people who might make fantastic Drivers from applying until their driving record improves. We also know from experience (18 years and over 25 million miles) that a driving record is an excellent predictor of future accidents.

Please check off the position(s) you are applying for:

Vehicle Cleaner (Williston, VT)

Driver (White River Jct, VT)

Dispatcher (Williston, VT)

Driver (Williston, VT)

Driver (other location)

PRIORITY

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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.

First Name _____ Last _____ Date _____

Date of Birth _____ SS # _____ Home Phone # _____

Cell Phone # _____ Email _____

List All Addresses For The Previous 5 Years

Current Address

_____ Street _____ City _____ State _____ Zip _____ Yrs _____ Mths

Previous Addresses

_____ Street _____ City _____ State _____ Zip _____ Yrs _____ Mths

_____ Street _____ City _____ State _____ Zip _____ Yrs _____ Mths

_____ Street _____ City _____ State _____ Zip _____ Yrs _____ Mths

Do you have the legal right to work in the United States? Yes No

How many hours a week are you looking for? _____ How many days a week? _____

Names of any relatives employed by this company _____

How did you learn of this job opening? Why are you considering working at Priority?

Highest grade completed High School (9, 10, 11, or 12) _____ College (1, 2, 3, or 4) _____

List any special driving training, safety courses, and safe driving awards

Do you currently have more than one driver's license? Yes No

Describe any dock/platform or forklift experience

If a job offer is made, how soon could you start? _____

List any days of the week or times of day you **can't or don't want to work**. (everyone has limits and preferences, please be frank)

Accident History For The Past Three Years

If you have had no vehicle accidents, either at fault or not at fault, in the past three years, check here.

Some states do not indicate who was at fault on a motor vehicle accident record. You must list all motor vehicle accidents you were involved in during the past 3 years, regardless of fault. We may request a police report for each accident to verify who was at fault.

MTH	YR	ACCIDENT DESCRIPTION	# FATALITIES	# INJURIES

Traffic Convictions For The Past Three Years

If you have had no traffic convictions (other than parking violations) in the past three years, check here.

MTH	YR	CONVICTION DESCRIPTION	POINTS	FINE

- 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
- C. Have you been convicted of a felony, immigration, or customs violation? Yes No

If the answer to either A, B, or C is yes, provide details below.

License Information

List all driver licenses or permits held in the past 3 years (include your current license).

STATE	LICENSE NUMBER	CLASS & ENDORSEMENT(S)	EXPIRATION DATE

Driving Experience

If you have no commercial driving experience, check here.

CLASS OF EQUIPMENT	APPROX # OF MILES	APPROX # OF MILES
Cargo Van Under 10,000 GVWR	_____	Over 10,000 GVWR _____
Straight Truck Under 26,000 GVWR	_____	Over 26,000 GVWR _____
Tractor Trailer Van or Reefer	_____	Tanker, Flatbed or Dump _____
Motorcoach or School Bus, 8 to 15 Passengers	_____	Over 15 Passengers _____

List states operated in for the last 5 years _____

Employment Record

All employers for the last 5 years must be listed. In addition, all employers within the last 10 years for whom you drove a commercial motor vehicle must be listed. List employers in reverse order starting with the most recent.

The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.

If the question below referring to drug and alcohol testing requirements of 49 CFR Part 40 is not familiar to you, answer no. If it did apply to you, you would certainly know it. The same logic applies to the question about FMCSRs.

Last or Current Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____

Position _____ From _____ Mth _____ Yr _____ To _____ Mth _____ Yr _____ Salary _____

Supervisor or Contact Name _____ Phone Number _____

Reason for Leaving _____

Were you subject to the FMCSRs (FMCSR is defined above) while employed? 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 _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____

Position _____ From _____ Mth _____ Yr _____ To _____ Mth _____ Yr _____ Salary _____

Supervisor or Contact Name _____ Phone Number _____

Reason for Leaving _____

Were you subject to the FMCSRs (FMCSR is defined above) while employed? 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 _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____

Position _____ From _____ Mth _____ Yr _____ To _____ Mth _____ Yr _____ Salary _____

Supervisor or Contact Name _____ Phone Number _____

Reason for Leaving _____

Were you subject to the FMCSRs (FMCSR is defined above) while employed? 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 _____

Employment Record – Continued

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____

Position _____ From _____ Mth _____ Yr _____ To _____ Mth _____ Yr _____ Salary _____

Supervisor or Contact Name _____ Phone Number _____

Reason for Leaving _____

Were you subject to the FMCSRs (FMCSR is defined above) while employed? 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 _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____

Position _____ From _____ Mth _____ Yr _____ To _____ Mth _____ Yr _____ Salary _____

Supervisor or Contact Name _____ Phone Number _____

Reason for Leaving _____

Were you subject to the FMCSRs (FMCSR is defined above) while employed? 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 _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____

Position _____ From _____ Mth _____ Yr _____ To _____ Mth _____ Yr _____ Salary _____

Supervisor or Contact Name _____ Phone Number _____

Reason for Leaving _____

Were you subject to the FMCSRs (FMCSR is defined above) while employed? 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 _____

Please describe time periods between jobs within the last 5 years exceeding 3 weeks, include dates (Mth/Yr)

All Applicants

Describe training, courses, experience, skills, and personal qualities that will benefit Priority's customers, employees, and owners.

Please tell us what parts of the position(s) you applied for you think you will enjoy the most.

What are your goals for the position(s) you applied for?

Fair Credit Reporting Act: Disclosure/Authorization

I, _____, hereby authorize Priority Express, Inc. and or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the company.

In accordance with the provisions of section 604 (b) (2) (A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a Motor Vehicle Record may be ordered and used for employment purposes. (Under the provisions of the act, a driving record is considered a consumer report when used for employment purposes.)

I release Priority Express, Inc. and or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Maiden Name or Other Names Used

Full Name

DOT Safe Driving Record Check

I understand 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 previous employers (only information related to driving safety);
- 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.

Full Name

Applicant's Certification

I certify this application was completed by me and all entries on it, and information in it, are true and complete to the best of my knowledge. By filling in my name in the fields on this page I agree it will have the same standing as my written signature.

Full Name

Date

Thank you for taking the time to apply for a position with Priority!