



Application for Employment

Every employee at Priority Express may be asked to make deliveries on occasion. The Department of Transportation requires any employee who drives infrequently to follow the same rules and application process as a full time driver, which is why we use a driver oriented application for all our positions.

Driver applicants only: Do not apply if under 21 years old or you have 2 or more vehicle accidents, 2 or more moving violations, or a vehicle accident and a moving violation within the last 3 years.

Check the positions you are applying for:

Driver (Williston Terminal) _____ Driver (Other Location) _____ Dispatcher _____ Mechanic _____
 Other (Write In Name) _____ Vehicle Cleaner _____ Warehouse _____

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

How many hours a week would you like to work? _____ How many days a week would you like to work? _____

What days of the week do you wish NOT to work? Do you prefer not to start before a certain time or work past a certain time?

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

Names of any relatives employed by this company _____

How did you learn of this job opening? _____

Circle the highest grade completed 8 9 10 11 12 College 1 2 3 4 Masters/Doctorate

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

Moving Violations For The Past Three Years

If you have had no moving violations in the past three years, check here. ____

MTH	YR	VIOLATION 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 ____

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

List all employers for the last 5 years, plus all employers for the last 10 years for whom you drove a commercial motor vehicle. List employers in reverse order starting with the most recent.

If your previous job included driving a commercial motor vehicle and you were subject to the FMCSR regulations and drug & alcohol testing, please check the boxes at the end of the applicable job.

Last or Current Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____
Position _____ From _____ To _____
Mth Yr Mth Yr
Supervisor or Contact Name _____ Phone Number _____
Reason for Leaving _____
Subject to FMCSRs while employed? Yes _____ Subject to drug & alcohol testing regulations of 49 CFR Part 40? Yes _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____
Position _____ From _____ To _____
Mth Yr Mth Yr
Supervisor or Contact Name _____ Phone Number _____
Reason for Leaving _____
Subject to FMCSRs while employed? Yes _____ Subject to drug & alcohol testing regulations of 49 CFR Part 40? Yes _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____
Position _____ From _____ To _____
Mth Yr Mth Yr
Supervisor or Contact Name _____ Phone Number _____
Reason for Leaving _____
Subject to FMCSRs while employed? Yes _____ Subject to drug & alcohol testing regulations of 49 CFR Part 40? Yes _____

Previous Employer: Name _____

_____ Mailing Address (THIS IS REQUIRED) _____ City _____ State _____ Zip _____
Position _____ From _____ To _____
Mth Yr Mth Yr
Supervisor or Contact Name _____ Phone Number _____
Reason for Leaving _____
Subject to FMCSRs while employed? Yes _____ Subject to drug & alcohol testing regulations of 49 CFR Part 40? Yes _____

Describe any training courses, job experience, skills, and personal qualities we can consider. Include any driver training, driver safety courses, safe driving awards, and forklift training.

What are your hopes and goals for this position at Priority Express?

Applicant's Certification

I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that if employed, misleading or falsified statements on this application may be considered cause for dismissal.

Signature Date

The process of reviewing an application can take up to 14 days. If we do not contact you within 14 days it may be we feel the position is not a good fit for you or our current hiring needs are for shifts that do not match the preferences you described on your application.