



Office Use Only
CDL Type: _____ HAZMAT? _____
Orientation Date: _____ Driver Number: _____
Current Med Card? _____ Current Drug Test? _____

Pronto Delivery Service, LLC fully comply with the principles of Equal Employment Opportunity. It is our policy to provide employment, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for are filled, whichever first occurs.

Please print and complete in full even if attaching a resume.

Date

PERSONAL DATA

Last Name, First, Middle Initial		Home Telephone Number	Mobile Telephone Number
Address: (Street Number and Name, Apartment Number, City, State, Zip Code)		How long have you resided at this address?	Message/Business + Extension
Previous Address: (Street Number and Name, Apartment Number, City, State, Zip Code)		How long did you resided at this address?	
Have you ever used a different name for school or work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list full name(s) and schools/employers.	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If selected for a position, are you able to provide valid documentation that verifies your legal ability to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any immediate relatives who work for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list name(s) and departments/locations.	
Are you subject to any agreement that would prohibit your employment with the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you plan to engage in other work while in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the work as well as the hours:			
Are there any days or time periods you are unavailable for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the days/times			
Do you speak, read, or write a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you now or in the future require sponsorship employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: The Federal Immigration and Reform and Control Act of 1986 requires that DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

POSITION DESIRED

Type of Position Desired	Date Available
Type of Employment: Please check all that apply. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	What prompted your application to Pronto Delivery Service? <input type="checkbox"/> Walk-in <input type="checkbox"/> Associate Referral, please list name _____ <input type="checkbox"/> Friend <input type="checkbox"/> Agency, please list agency _____ <input type="checkbox"/> Other, please specify _____

Have you previously worked for the Company? Yes No If yes, please list dates and locations: _____

If required, would you be willing to work: (Please check one box in each category)

A. Overtime Yes No B. Holidays Yes No C. Saturdays/ Sundays Yes No

EDUCATION AND TRAINING

Indicate Highest Level of Education Completed				
High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Technical School <input type="checkbox"/> 1 <input type="checkbox"/> 2	College/University <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduate School <input type="checkbox"/> 1 <input type="checkbox"/> 2
Name of School/College	Location, City/State	Major	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List Additional Education, Vocation, Trade, and/or Professional Information and/or Certifications and/or licenses: _____				
Computer Skills (please list software).		Other machines, trades, special skills, or qualifications.		

MILITARY

Have you ever been in the US military service? Yes No If yes, please record below:

Branch _____ Highest rank held _____ Nature of duty or training (As it relates to the position you are applying for). _____

BACKGROUND

Criminal convictions are not an absolute bar from employment by the Company. Further clarification is available upon request

	Date	Location	Charge	Action Taken
Have you ever been convicted of a crime for violating any law, plead guilty to or received deferred adjudication, or been placed on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain			
Are you currently on deferred adjudication, probation, parole or suspended sentence for any conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain			

If you are applying for a position which involves driving on the job please answer the following questions. Can you safely drive a vehicle? Yes No Do you have a valid unexpired license? Yes No Has your license been revoked or suspended during the past five years? Yes No If yes, explain _____

Driver's License Number	Expiration Date	Issuing State	Class of License

I have read and understand all of the questions in this background section. Initial

EMPLOYMENT HISTORY

Please provide your complete work history for the preceding five employers or past five years starting with your current or most recent employer, including any volunteer work. Also attach a copy of any employment recommendation letters which relate to the job for which you are applying.

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From :	Starting Salary \$ per	Final Salary \$ per
		To:	Bonus \$ per	\$ per
Employer Address (Street Number and Name, City, State, Zip Code)				Employer's Phone Number ()
Type of Business	Immediate Supervisor's Name and Title		What was your job title?	
Description of Duties _____				
Reason for Leaving			Account for period between jobs	

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From :	Starting Salary \$ per	Final Salary \$ per
		To:	Bonus \$ per	\$ per
Employer Address (Street Number and Name, City, State, Zip Code)				Employer's Phone Number ()
Type of Business	Immediate Supervisor's Name and Title		What was your job title?	
Description of Duties _____				
Reason for Leaving			Account for period between jobs	

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From:	Starting Salary \$ per	Final Salary \$ per
		To:	Bonus \$ per	\$ per
Employer Address (Street Number and Name, City, State, Zip Code)				Employer's Phone Number ()
Type of Business	Immediate Supervisor's Name and Title		What was your job title?	
Description of Duties _____				
Reason for Leaving			Account for period between jobs	

ALL DRIVER APPLICANTS: TO DRIVE IN INTERSTATE COMMERCE, YOU MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. LIST A COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH A VEHICLE. (NOTE: LIST ALL EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT FIRST.) USE ADDITIONAL SHEETS AS NEEDED.

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From:	Starting Salary \$ per	Final Salary \$ per
		To:	Bonus \$ per	\$ per
Employer Address (Street Number and Name, City, State, Zip Code)				Employer's Phone Number () ()
Type of Business	Immediate Supervisor's Name and Title		What was your job title?	
Description of Duties _____				
Did you operate a commercial motor vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you subject to the Federal Motor Carrier Safety (FMCSR) while employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		

Name and Address of Additional Employers	From	To	Job Title	Reason for Leaving

PERSONAL REFERENCES / EMPLOYMENT REFERENCES

We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed?
 Yes No May we contact your current employer? Yes No If no, please explain: _____

Please list three persons we can contact for business, technical, or personal references, prior to any offer of employment may be made.

Name and Title	Company	Address	Phone () ()	Years Known
			() ()	
			() ()	
			() ()	

DRIVING RECORD (Only complete if you are applying for a driver position)

State your accident record for the past 5 years (Attach additional sheets if more space is needed). Indicate "None" if not applicable.

STATE	DATE	NATURE OF ACCIDENT (Overturn, jack knife, rear end, etc.)	# INJURED	# FATALITIES	Commercial Vehicle	Personal Vehicle

List all traffic convictions or forfeitures in the past 5 years (other than parking violations). (Attach additional sheets if more space is needed). Indicate "None" if not applicable.

STATE	DATE	NATURE OF ACCIDENT (Overturn, jack knife, rear end, etc.)	# INJURED	# FATALITIES	Commercial Vehicle	Personal Vehicle

DRIVING EXPERIENCE (ONLY COMPLETE IF YOU ARE APPLYING FOR A DRIVER POSITION)

Type of Equipment	Dates	Dates	Approximate Total Miles	States
Buses	From	To		
Trucks	From	To		
Truck Trailers	From	To		
Semi-Trailers	From	To		
Full Freight	From	To		
Pole Trailers	From	To		
Other	From	To		

List states operated in for the last five (5) years:

List special courses or training:

List safe driving awards you have received:

Show any trucking, transportation other experience that may help you in your work for the company:

List of courses and training other than shown elsewhere in this application:
