

| Office Use Only | | | | | | | |
|-------------------|--------------------|--|--|--|--|--|--|
| CDL Type:HAZM | 1AT? | | | | | | |
| 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.

| (30) days from today's date or until the | e position applied for are | filled, v | whichever first | occurs. | | | | | |
|---|----------------------------|-------------------------|--------------------|---|-------------|---------------------------------------|--|--|--|
| Please print and complete in full eve | on if attaching a resume | | | | Date | | | | |
| • | in in attaching a resume | • | | | | | | | |
| PERSONAL DATA Last Name, First, Middle Initial | Mobile | Mobile Telephone Number | | | | | | | |
| | | | Home Teleph | | | | | | |
| Address: (Street Number and Name, Ap | How long have y | Message/Business | | | | | | | |
| | | | | resided at this ac | ici ess. | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Previous Address: (Street Number and N | Name Anartment Number | City St | ate Zin Code) | | Нох | + Extension w long did you resided at | | | |
| revious Address. (Street (valide) and r | vame, Apartment (vamber | , City, St | ate, Zip Code) | | | address? | | | |
| 1 1:55 | 1 1 10 | T.C. | 1' . C 11 | | | | | | |
| Have you ever used a different name for ☐ Yes ☐ No | school or work? | If yes | s, list full name(| s) and schools/em | iployers. | | | | |
| Are you at least 18 years of age? ☐ Ye | | | | | | valid documentation that | | | |
| Do you have any immediate relatives wh | | | | to work in the Un list name(s) and o | | s? Yes No | | | |
| ☐ Yes ☐ No | io work for the Company. | (| ii yes, piease | nst name(s) and t | ieparunen | us/iocations. | | | |
| Are you subject to any agreement that w | | | | | | | | | |
| Do you plan to engage in other work wh | ile in our employ? Ye | es 🗆 N | lo If yes, please | e describe the wor | k as well | as the hours: | | | |
| Are there any days or time periods you a | are unavailable for work? | □ Yes | ☐ No If yes, | please indicate th | ne days/tir | nes | | | |
| Do you speak, read, or write a language | other than English? Y | es 🗆 1 | No If yes, pleas | se specify: | | | | | |
| Are you legally authorized to work in the United States? ☐ Yes ☐ No | | | | | | | | | |
| Will you now or in the future require spe | onsorship employment vis | a status? | ☐ Yes ☐ No | | | | | | |
| Note: The Federal Immigration and R be completed for every new hire and | | | | | | | | | |
| documentation establishing his/her id employment. | | | | | | | | | |
| POSITION DESIRED | | | | | | | | | |
| Type of Position Desired | | | | Date Availab | ole | | | | |
| Type of Employment: | What prompted your app | olication | to Pronto Deliv | ery Service? | | | | | |
| Please check all that apply. | | · | | | | | | | |
| | □ Walk-in □ Asso | ciate Kef | errai, piease lis | t name | | | | | |
| ☐ Full-time ☐ Part-time | ☐ Friend ☐ Agen | | se list agency | | | | | | |
| ☐ Temporary ☐ 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 TRA | AINING | | | | | | | | | |
| Indicate Highest Level of Edu | | oleted | | | | | | | | |
| High School □ 9 □ 10 □ 11 □ 1 | | | cal School | College/Unive | ersity | П | 1 | | aduate School | |
| Name of School/College | Location, C | | | Major | | | graduate? | _ | gree | |
| | | | | | Е |] Yes | s 🛮 No | | | |
| | | | | | |] Yes | s 🛮 No | | | |
| | | | | | |] Yes | s 🛮 No | | | |
| | | | | | |] Yes | s 🛮 No | | | |
| List Additional Education, Vo | cation, Trad | e, and/or | Professional Info | ormation and/or | Certific | cation | s and/or licens | es: | | |
| Computer Skills (please list so | oftware). | | Other machine | s, trades, specia | l skills, | or qu | ualifications. | | | |
| 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 | | | | | | | | | | |
| | n absolute b | ar from e | employment by th | e Company. F | urther c | larific | cation is availal | ble un | on request | |
| Criminal convictions are not an absolute bar from employment by the Company. Further clarification is available upon request | | | | | | | | | | |
| | | | | | Date | | Location | Cha | nrge | Action Taken |
| Have you ever been convicted of a crime for violating any la plead guilty to or received deferred adjudication, or been placed on probation or parole | w, 🗆 | Yes No | If yes, explain | | | | | | | |
| Are you currently on deferred adjudication, probation, parole or suspended sentence for any conviction? | e 🔲 | Yes 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 \(\subseteq \) No Do you have a valid unexpired license? \(\subseteq \) Yes \(\subseteq \) No Has your license been revoked or suspended during the past five years? \(\subseteq \) Yes \(\subseteq \) No If yes, explain | | | | | | | | | | |
| Driver's License Number | | | Expiration Date | | | | Issuing State | | Class of Lic | ense |
| | | | | | | | | | | |
| I have read and understand | 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 ☐ Regular **Employment Dates** Final Salary Starting Salary From: ☐ Temporary per \$ per Bonus □ FT □ PT per Employer Address (Street Number and Name, City, State, Zip Code) Employer's Phone Number What was your job title? Type of Business Immediate Supervisor's Name and Title Description of Duties Account for period between jobs Reason for Leaving Employer **Employment Dates** Starting Salary Final Salary ☐ Regular From: \$ \$ ☐ Temporary per per Bonus □ FT □ PT To: per Phone Employer Address (Street Number and Name, City, State, Zip Code) Employer's Number Type of Business Immediate Supervisor's Name and Title What was your job title? Description of Duties Account for period between jobs Reason for Leaving Employer **Employment Dates** Starting Salary Final Salary ☐ Regular From: \$ ☐ Temporary per per Bonus □ FT □ PT To: 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

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 PROVDE 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.

Account for period between jobs

Reason for Leaving

| Employer | | | ☐ Regular ☐ Temporary ☐ FT ☐ PT | | | Startin \$ Bonus \$ | | per | Final Sal \$ \$ | p | er | |
|--|--------------------|--------------|---|----------|---|------------------------------|-----------|---------|-----------------------|-----------------------------|-------------------|---------------------|
| Employer | Address (Stre | et Number a | Id Name, City, State, Zip Code) | | | | | | | Employe Number () | er's | Phone |
| Type of Business Immediate Supervisor's Name and Title What was your job t | | | | | | | | | title? | | | |
| Description of Duties | | | | | | | | | | | | |
| Did you op | perate a comm | ercial motor | vehicle: Yes No | O | Were you subject to the Federal Motor Carrier Safety (FMCSR) while employed: ☐ Yes ☐ No | | | | | | | |
| related mod | | he drug and | sensitive function in any alcohol testing requireme | | Reason fo | r Leaving | <u> </u> | | | | | |
| Name and | Address of Address | lditional En | nployers | | From | То | Jo | ob Titl | le | | Reason Leaving | for |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | / EMPLOYMENT R | | | | | | | | | |
| | | | current and previous emplour current employer? | | | | | | | d? | | |
| Please list t | three persons | we can cont | act for business, technical | or perso | onal reference | es, prior | to any of | ffer of | f employm | ent mav | be mad | e. |
| Name and | | | Company | Addres | | , F | | Phon | | | | rs Known |
| | | | | | | | | (|) | | | |
| | | | | | | | | () | | | | |
| | | | | | | | | (|) | | | |
| DRIVIN | G RECORI | Only co | omplete if you are ap | olving f | or a drive | er positi | on) | | | | | |
| | r accident r | | the past 5 years (Attac | | | | | e is r | needed). | Indica | te "No | ne" if not |
| STATE | DATE | | OF ACCIDENT ack knife, rear end, etc.) | | | # INJURE | ED | # FAT | ALITIES | Comm Vehic | | Personal Vehicle |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | ctions or forfeitures in the past | | an parking vi | iolations). (Atta | ch additio | onal s | sheets if | |
|--|----------------|---|----------------------|---------------|--------------------------|----------------------|--------|---------------------|--|
| more spa | ice is needed | needed). Indicate "None" if not applicable. NATURE OF ACCIDENT | | | # INJURED # FATALITIES (| | | D1 | |
| STATE | DATE | (Overturn, jack knife, rear end, etc.) | | | | Commercia Vehicle | | Personal Vehicle | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| DRIVING EXPERIENCE (ONLY COMPLETE IF YOU ARE APPLYING FOR A DRIVER POSITION) | | | | | | | | | |
| | Equipment | Dates | Dates | | Approximate | | State | S | |
| | | | | | Miles | | | | |
| Buses | | From | То | | | | | | |
| Trucks | | From | То | | | | | | |
| Truck Tr | ailers | From | То | | | | | | |
| Semi-Tra | ailers | From | То | | | | | | |
| Full Freig | ght | From | То | | | | | | |
| Pole Trai | ilers | From | То | | | | | | |
| Other | | From | То | | | | | | |
| | | | , | | - | <u>L</u> | | | |
| List state | es operated in | n for the last five (5) years: | | | | | | | |
| | | | | | | | | | |
| List spec | ial courses o | or training: | | | | | | | |
| List special courses or training: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| List safe | driving awa | rds you have received: | | | | | | | |
| List safe driving awards you have received: | | | | | | | | | |
| | | | | | | | | | |
| 1 | | | | | | | | | |
| Show any | y trucking, ti | ransportation other experience th | nat may help you i | n your work i | for the company: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| List of co | ourses and tr | raining other than shown elsewher | ere in this applicat | tion: | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| List special equipment or technical materials you can work with other than already | shown: |
|---|---|
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| | |
| AUTHORIZATION AND CERTIFICATION BY EMPLOYMENT APPLICA | |
| If employed by the Company, I will abide by its rules and regulations. I also agree to p examinations at the option of the Company, at no personal expense, and agree that the examina representative the results of such examinations. I give permission to the Company to inquire o and references for full information. I authorize the Company to make any necessary investigation background investigation as it may relate to my employment with the Company, through any inchoice. I understand and agree that: | ng physician may disclose to the Company or its f or write to all or any of my previous employers tions into my personal history including criminal |
| (a) Any withholding of information or making false statements on this application or on Conemployment, or if employed, termination from the Company. (b) This application is not a contract or a guarantee for employment or continued employenge effective. Employment with Pronto is on an at will basis and is for no definite period. Eithe employment with or without cause and with or without prior notice. I understand that of Directors or the Chairman of the Company, no supervisor or manager may alter or an decision of the Board of Directors or the Chairman of the Company has authority to especified period of time or to make any agreement contrary to the foregoing. Such as parties. | yment and no agreement to the contrary will be ther the Company or I, at any time, may terminate t, except for the unanimous decision of the Board mend the above conditions. Only the unanimous nter into any agreement for employment for any |
| (c) Although management makes every effort to accommodate individual preferences, by conditions mandatory: overtime, change in work location, a rotating work schedule, or a I understand and accept these as conditions of my continuing employment. Additionally, operational requirements. | work schedule other than Monday through Friday. |
| (d) Proof of legal right to work in the United States is required prior to beginning work at the | Company. |
| All of the foregoing information I have supplied in this application is a full and complete staten falsification or withholding of information be discovered; will result in dismissal upon discovery | |
| I understand that after receiving a contingent offer of employment, I may be asked to submit to to that is chosen and paid for by the Company. I understand that the reason for such testing is that a safe manner for all Associates, customers, residents, and/or guests. The results of such testing its agents. If I refuse to be tested or if I produce a positive test result for the current illegal us considered for employment. | the Company endeavors to operate its business in will be communicated to the Company or one of |
| I understand that this is an application for employment only and that it does not constitute an offer | er of employment or an employment contract. |
| Signature Printed name | Date |

This application shall be considered active for thirty days. After that time, if you wish to re-apply, you may do so.