APPLICATION FOR EMPLOYMENT

About our Company

Thank you for your interest in applying for a job with PRIME GLOBAL EXPRESS INC. (the "Company"). Because of our commitment to offering the highest possible service and satisfaction to our customers, we are only interested in hiring the best people for our jobs. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoughtfully. This application must be completed in full, even if you are attaching a resume. Incomplete applications will not be considered. The Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, military status, national origin, ancestry, age, veteran status, disability, genetic information or any other legally-protected classification.

	Date of Application:			
PERSONAL INFORMATION				
Name:				
Last Name	First Name	Middle Initial		
Address:				
Street				
City	State Zip Code	Telephone		
If you have ever worked under	another name, please identify:			
YOUR JOB INTERESTS				
Position Desired:	Date you can start work	:		
What starting salary or wage de	o you expect: \$/hour \$/	week \$/month		
Are you available for full-time v	work? Yes No_ Part-time work? Yes	No_		
Are you willing to work any shi	ft? Yes No If no, what shift(s) are you willin	g to work?		
Are there any days and/or time	es of the week when you would not be avail	able to work?		
Please specify:				

How did you learn of this job oper	ning?		
Have you ever worked for this Cou Why did you leave?		_NoWhen?	
Do you know anyone who works h	nere? YesNoW	Vho?	
Have you applied to work with us	before? YesNo		
YOUR EDUCATION AND TRA	INING		_
Please Circle Highest Grade Comp	oleted:		
9 10 11 12	123456	1234	
High School	College	Trade/Tech School	
What was the last school you atte	nded?		
Did you graduate?	What degree(s) have	re you achieved?	
What special skills did you acquire	e at the above circled so	chool(s) that might be helpful with the	ļ
YOUR WORK EXPERIENCE			
Beginning with your present or n experiences below:	nost recent employer, c	describe your employment	
Are you presently employed?	Yes	No	
		No If yes, to where?	
Current or Last Employer:			
		Phone:	
Final Position:			
Dates Employed: From:To:Supervisor's Name:			
MM/YYYY MM/YYYY			

Description of Your Work and Respon	nsibilities:
Reason for Leaving:	
Next Previous Employer:	
	Phone:
Type of Business:	
Starting Position:	
Final Position:	
Dates Employed: From:To	:Supervisor's Name:
Description of Your Work and Respon	Automotive at
Reason for Leaving:	
Next Previous Employer:	
Address:	Phone:
Type of Business:	
Starting Position:	
Final Position:	
Dates Employed: From:To	:Supervisor's Name:
Description of Your Work and Respon	nsibilities:
Reason for Leaving:	

1.	Next Previous Employer:		
	Address:Phone:		
	Type of Business:		
	Starting Position:		
	Final Position:		
	Dates Employed: From:To:Supervisor's Name:		
	Description of Your Work and Responsibilities:		
	Reason for Leaving:		
PERSO	ONAL INFORMATION		
If you a	are hired, can you submit verification of your legal right to work in the United States (i.e.		
	s license, passport, Visa, green card?)YesNo		
	ou ever been discharged or asked to resign by an employer? YesNo		
2000			
	olease explain:		
	complete this section if the job for which you are applying requires you to drive ny vehicles.		
Do you	have a valid driver's license? Yes No License number and State:		
Have y	ou had any accidents in the last five year? YesNoIf yes, please provide details:		
Have y	ou been cited for any moving violations in the last five years? YesNo		
Has yo	ur driver's license ever been suspended, revoked, denied or cancelled? YesNo		
If yes,	please explain:		

YOUR MILITARY EXPERIENCE

to answer.			
Have you ever served in the United States Armed Services? Yes_	No	Branch? _	

Completing this section of the application is OPTIONAL. Leave this area blank if you do not wish

Describe any skills you acquired in the Service	e that would be useful t	o the job for which you are
applying:		
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VOUD DESERVATION		
YOUR REFERENCES		
List the names of your professional reference Please do not list any relatives.	s whom you have know	n for at least three years.
Name	Occupation	Contact Information
1		
2.		
3.		
5		
PLEASE READ THE FOLLOWING PARAG		BEFORE SIGNING
AND INITIALING AFTER EACH PARAGE	APH.	
By signing below and initialing after each par agree to each of the following statements:	agraph, I certify that I h	nave read, understand and
All of the information I have supplied on this best of my knowledge, and I have not knowing		
Company, would affect my application unfavo	7, -	
Maingate DSP discovers at any time during m		
answers on this application are false, mislead	ling or incomplete, I ma	y be dismissed
immediately from my job (Initial H	lere)	

This employment application will be considered for ninety (90) days from the date below. If I want to be considered for a job with the Company after this period of time, I must fill out another application. If hired, I understand that this application becomes part of my official employment record. In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations
(Initial Here)
(misself v.e. e)
If I am extended an offer of employment, I agree to submit to a test for drugs or alcohol use

If I am extended an offer of employment, I agree to submit to a test for drugs or alcohol use prior to beginning work with the Company and I understand that any offer of employment is conditioned upon passing such medical examination and/or testing. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination. I further understand that I may be required to submit to an alcohol or drug test at any time.

(Initial Here)

I understand that nothing in this employment application creates a contract of employment between the Company and me. If I am hired by the Company, my employment and compensation are 'at will' which means that my employment can be terminated either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has authority to make an employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the Owner of the Company has the authority to enter into an employment agreement with me for a specified period of time.

(Initial Here)

I agree to release to the Company or its designated agents, all medical information, including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs, and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

(Initial Here)

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

(Initial Here)

I give the Company my permission to conduct any investigation regarding the information contained in my employment application that the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional references, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such

record, and I give my consent to any such sour information they have about me. I also unconcourses from any and all liability which might record.	ce to release to the Company whate litionally release all named and unna	ver amed
(Initial Here)		
In exchange for the Company considering my have now or in the future against the Compar managers, employees and/or agents must be the act or omission that is the subject of my cof limitations, whichever time period is shorted limitations period for any such claim or laws upon the claim or action. As further consideration agrees to waive any statute of limitations per act or omission that is the subject of the claim	ny, its subsidiaries, successors, assig filed by me within one year from the laim or lawsuit, or within the applicater. Thus, I expressly waive any statu it longer than one year, regardless on the for these promises by me, the Contional Indiana.	nees, ne date of cable statute ite of of the nature mpany date of the
Date	Signature	
Date	Signature	