



*We are an equal opportunity, affirmative action employer.  
 We recruit, hire, train and promote based on qualifications  
 and without regard to race, color, age, sex, disability,  
 religion, national origin, ancestry or veteran status.  
 Please print clearly in blue or black ink.*

DATE COMPLETED \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_  
LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Are you 18 years of age or older?       YES       NO

If hired, can you provide proof that you are a U.S. citizen, or otherwise legally permitted to work in the United States?       YES  NO

Is any additional information relative to a different name necessary to check your work or education records?  
 YES       NO If YES, please explain \_\_\_\_\_

If you are acquainted with or related to any Data2Logistics employee, please indicate name and relationship \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

Check all applicable       FULL TIME  PART TIME      SHIFT \_\_\_\_\_

Date you can start \_\_\_\_\_

### EDUCATION

NAME	ADDRESS	CITY	STATE	MAJOR COURSE OF STUDY	YEARS COMPLETED	DEGREE/ DIPLOMA
HIGH SCHOOL						
BUSINESS/VOCATIONAL						
COLLEGE						
GRADUATE SCHOOL						

## EMPLOYMENT EXPERIENCE

List all full and part time jobs held beginning with most recent.

EMPLOYED FROM/TO (MO/YR)	COMPANY NAME & ADDRESS	PHONE NUMBER	STARTING/ENDING SALARY	STARTING/ENDING POSITION

Duties \_\_\_\_\_

Reason for seeking new employment? \_\_\_\_\_

Are you currently employed?  YES  NO

Supervisor or Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact your employer?  YES  NO

Indicate how you spent your time between jobs, if there was a gap. \_\_\_\_\_

EMPLOYED FROM/TO (MO/YR)	COMPANY NAME & ADDRESS	PHONE NUMBER	STARTING/ENDING SALARY	STARTING/ENDING POSITION

Duties \_\_\_\_\_

Reason for seeking new employment? \_\_\_\_\_

Supervisor or Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact your employer?  YES  NO

Indicate how you spent your time between jobs, if there was a gap. \_\_\_\_\_

EMPLOYED FROM/TO (MO/YR)	COMPANY NAME & ADDRESS	PHONE NUMBER	STARTING/ENDING SALARY	STARTING/ENDING POSITION

Duties \_\_\_\_\_

Reason for seeking new employment? \_\_\_\_\_

Supervisor or Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact your employer?  YES  NO

Indicate how you spent your time between jobs, if there was a gap. \_\_\_\_\_

EMPLOYED FROM/TO (MO/YR)	COMPANY NAME & ADDRESS	PHONE NUMBER	STARTING/ENDING SALARY	STARTING/ENDING POSITION

Duties \_\_\_\_\_

Reason for seeking new employment? \_\_\_\_\_

Supervisor or Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact your employer?  YES  NO

Indicate how you spent your time between jobs, if there was a gap. \_\_\_\_\_

Explain in your own handwriting why you are interested in working for Data2Logistics:

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Indicate experience/training in skills or experience listed (*you may be required to take tests to verify any skills that you list*).

- ACCOUNTING
- BOOKKEEPING
- CASH HANDLING
- CUSTOMER SERVICE
- DATA ENTRY \_\_\_\_\_ KSPH
- FOREIGN LANGUAGE (PLEASE LIST)
- MAIL HANDLING
- COMPUTER
- PROGRAMMING (PLEASE LIST) \_\_\_\_\_
- RECEPTIONIST
- TEN KEY
- TYPING \_\_\_\_\_ WPM
- WORD PROCESSING (PLEASE LIST)
- OTHER

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Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc. You are not required to list any license, professional membership, hobbies, or any organization name which also indicates the race, color, religion, national origin or ancestry of its members.

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US MILITARY SERVICE \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

Training/experience received that may be relevant to the job for which you are applying \_\_\_\_\_

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REFERENCES (*DO NOT INCLUDE RELATIVES*)

	NAME	OCCUPATION	YRS KNOWN	ADDRESS/PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever been convicted of a crime or pled guilty, nolo contendere or had adjudication withheld?  
(conviction of a crime is not an absolute bar to employment)

YES       NO

If Yes, explain the nature and list dates of each matter.

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Have you ever been a party to a civil lawsuit in which a claim or claims were alleged against you involving allegations of dishonesty, breach of trust, money laundering, and type of fraud or any type of misrepresentation?

YES       NO

Have you ever been a defendant in a civil action lawsuit for intentional tort, such as assault, battery, false imprisonment, etc.?

YES       NO

### APPLICANT'S STATEMENT

1. "By my signature below, I certify that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or significant omission(s) may disqualify me from further consideration for employment, and may lead to any dismissal from employment, if I am hired and if discovered at a later date. I agree to immediately notify Data2Logistics if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence while my job application is pending or during my period of employment, if I am hired.
2. I authorize any person, current employer(s), and organization(s) named in the application (and accompanying resume, if any) to provide Data2Logistics with any information and opinion requested which Data2Logistics may request in connection with this employment application, and I release such persons and organizations from any legal liability in making such statements.
3. I understand that this application does not create a contract of employment. I understand that, if I am hired, I am obligated to comply with any current and subsequently adopted policies of Data2Logistics. I understand and agree that, if I am hired, my employment is at-will and for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated, by either me or by Data2Logistics, at any time for any reason, or no reason at all, and with or without notice. I understand that no person is authorized to change any of the terms mentioned in the employment application, except if such a change is in writing and signed by the Chief Financial Officer of Data2Logistics.
4. I understand that federal law prohibits the employment of unauthorized aliens. I acknowledge that Data2Logistics requires all applicants to whom a job offer is extended to submit satisfactory proof of employment authorization and identity. I understand that failure to submit such proof will result in the denial of employment. By signing this application for employment, I am authorizing Data2Logistics, to verify my references and, in the company's discretion, to perform other background investigations and pre-employment screening, to determine my qualifications for employment. Through a separate agency Data2Logistics may investigate my academic credentials prior to employment, current employment, personal/professional references, credit record, pre-employment drug/alcohol testing and/or criminal record. All job offers are contingent upon receiving favorable/successful results from pre-employment background/drug/alcohol testing. I may make a written request to obtain a description of the nature and scope of any report that is prepared regarding me. Any request for this information should be in writing and directed to Human Resources. I may also obtain a copy of this report by requesting, in writing, the Human Resource Department for such copy.
5. I understand that I may be required to work both scheduled and unscheduled overtime, and possibly weekend and holiday work when requested.
6. I understand that this application will be active for a period of 12 months. After that time, if I have not been hired and if I wish to be considered for future employment opportunity, I must submit a new employment application."
7. I understand that pursuant to the Immigration Reform and Control Act of 1986, if I am employed by Data2Logistics, Data2Logistics must verify legal work authorization and identity of all new employees.

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APPLICANT'S SIGNATURE

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DATE

“Data2Logistics, LLC”

Drug-Free Workplace

Pre-Employment Drug Testing

Applicant Acknowledgement and Consent

I, an applicant for employment at Data2Logistics, LLC, hereby acknowledge that:

1. I understand that pre-employment (or) random urine testing is a requirement of all applicants to whom a job offer has been extended and that all job offers are contingent upon a negative test result.
2. I have been extended an offer of employment that is conditional on a negative drug test result. I understand that I am not required to submit to a drug test and may refuse to be tested. If I refuse to be tested, I understand that my job offer will be withdrawn.
3. By signing this form, I consent to a drug test. I release Data2Logistics, LLC and its employees and agents from any claims that arise out of Data2Logistics, LLC request that I take a drug test, and I agree not to file any lawsuit based on this request.
4. If employed by Data2Logistics, LLC, I may be required to submit to additional drug and alcohol tests as required under the Drug-Free Workplace policy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

VOLUNTARY SELF-IDENTIFICATION

The Company is an equal opportunity employer and is committed to equal employment opportunity for all employees. The Company is also subject to certain governmental recordkeeping and reporting requirements. In order to comply with these requirements, the Company invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws and regulations, including those that require the information to be summarized and reported to the federal government. When reported, data will not identify any specific individual.

On the following form please check the appropriate race/ethnic group for self-identification.

<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliation or has community recognition as an American Indian or Alaskan Native.
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
<input type="checkbox"/>	Black or African American	A person having origins in any of any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino (All Races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.
	<input type="checkbox"/>	<u>Hispanic or Latino (White Race Only)</u> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture and of the White race.
	<input type="checkbox"/>	<u>Hispanic or Latino (All Other Races)</u> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be maintained in the Human Resources, Records Department and not in the employee's personnel file.

VOLUNTARY VEVRAA IDENTIFICATION

This Company is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “disabled veteran” is one of the following:

- \* a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- \* a person who was discharged or released from active duty because of a service-connected disability

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the military, ground, naval or air service.

An “active duty wartime or campaign badge veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veteran Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

	<input type="checkbox"/>	I identify as one or more of the classifications of protected veterans listed above.
	<input type="checkbox"/>	I am not a protected veteran.
	<input type="checkbox"/>	I choose not to identify.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017

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### ***Why are you being asked to complete this form?***

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### ***How do I know if I have a disability?***

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below

- 
- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

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**Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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***Reasonable Accommodation Notice***

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.