



Are you on a lay-off status and subject to recall?  Yes  No  
 Can you travel if the position requires it?  Yes  No  
 Do any of your relatives currently work for Schenker, Inc. or any of its subsidiaries?  Yes  No

If yes, please list name(s) \_\_\_\_\_  
 Relation to a Schenker employee does not qualify nor disqualify you from employment.

### Employment Experience

List each work experience you have had for at least the last 10 years. Begin with your present or most recent position. Include volunteer activities, military assignments (such as military reserve or National Guard duty), and periods of unemployment.

May we contact your current employer?  Yes  No (reason) \_\_\_\_\_

<b>1) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>2) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>3) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>4) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>5) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>6) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

<b>7) Employer</b>		<b>Dates</b>		<b>Work Performed</b>
		From	To	(Please be specific)
<b>Job Title</b>	<b>Phone #</b>			
<b>Address</b>		<b>Hourly Rate/Salary</b>		
		Starting	Final	
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

Have you ever been discharged (fired) or asked to resign from any employment?  Yes  No

If yes, give details of each occurrence

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**Education and Training**

School Name and Location	Number of Years Attended	Graduate (Yes/No)	Degree Earned	Major Subject or Total Hours
High School/GED				
College/University				
College/University				

Describe Specialized Training, Apprenticeship, Skills, and Job-Related Extra Curricular Activities, Additional Languages, etc.

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**Professional References**

*Include minimum of 4 references from former employers, clients, or direct supervisors.*

<b>Name</b>	<b>Telephone</b>
<b>Connection to Applicant &amp; Company</b>	
<b>Occupation</b>	<b>Years Known</b>
<b>Name</b>	<b>Telephone</b>
<b>Connection to Applicant &amp; Company</b>	
<b>Occupation</b>	<b>Years Known</b>
<b>Name</b>	<b>Telephone</b>
<b>Connection to Applicant &amp; Company</b>	
<b>Occupation</b>	<b>Years Known</b>
<b>Name</b>	<b>Telephone</b>
<b>Connection to Applicant &amp; Company</b>	
<b>Occupation</b>	<b>Years Known</b>

State any additional information you feel may be helpful to us in considering your application

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**To Be Completed For Positions Requiring Operation of a Motor Vehicle**

(Completion of this section is **only required** for positions which require the operation of a car, van, truck, fork-lift, or other motor vehicle. This includes any position requiring the operation of a Motor Vehicle or that will receive a car allowance)

Number of Years Driving: (Specify Number)		Number of Years Driving Commercially: (Specify Number)			Can you Drive a Clutch Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State	<b>Personal License</b>		<b>Commercial or Chauffeur's License</b>			Restrictions
	Number	Exp. Date	Type	Number	Exp. Date	
Has any license you ever held been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			When? MO      YR		For how long?	
Why?					In what states?	
Has your license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			When? MO      YR		For how long?	
Why?					In what state(s)?	
Have you had any other driving experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				What size vehicle?		
<b>List the length of time you have driven the below vehicles.</b>						
Tractor Trailer	Bus	2 ½ Ton	Van	Other	In what states?	
Indicate any safe driving awards you have received and from whom?						
Have you taken a defensive driving course? <input type="checkbox"/> Yes <input type="checkbox"/> No					Date of certificate	
<b>List all traffic violations, other than parking, for which you have been convicted in the past seven years.</b>						
Date of violation	Type of Violation	Name and Location of Court		Date of Conviction	Disposition and Fine	
<b>List the details of all accidents in which you have been involved.</b>						
	Date	City and State	Brief Description of Accident			
Last Accident						
Next Previous						

### Applicant Certification

Read and understand before signing.

I understand that employment and continued employment with Schenker, Inc. or any of its subsidiaries (hereafter referred to as the "Company"), unless the subject of a specific written agreement to the contrary, is employment at will, and may be terminated by me or the Company at any time without notice and for any reason. No commitment for a term of employment shall be inferred or otherwise assumed from any source whatsoever, written or oral, except as herein provided. Employment for any duration, including "lifetime" employment, shall not be valid or binding on the employee or the Company, unless it is expressly set forth in a written document and signed by the employee and the President of the Company. Employment-at-will is a term and condition of employment and continued employment for all persons employed by the Company. The Company may alter, cancel, or add regulations, personnel policies and procedures, terms and conditions of employment, from time to time for any reason in its discretion and without advance notice to any person employed by the Company, except employment at will as a term of employment and continued employment. Recognition of these rights and prerogatives of the Company is a term and condition of employment and continued employment.

I understand that employment and continued employment is conditioned upon verification of all information contained in this application or other pre-employment questionnaires or interviews, including, but not limited to, verification of ability to perform the essential functions of the position with or without reasonable accommodation and of applicable lawful age and legal right to work in the United States as provided under applicable law. I agree to furnish such additional information and complete examinations as may be required to complete my employment file and to verify the information contained therein.

In the event I am given a conditional offer of employment, I understand that employment and continued employment may, in the discretion of the Company be conditioned upon completion of a medical examination. I consent to taking such a medical examination and future examinations as may be required by the Company. Subject to applicable law, such examinations will include urinalysis and/or other testing to determine the presence of illegal substances within the body.

In the event I am given a conditional offer of employment, I understand that I will be required to authorize (a) an investigation of all matters concerning my past employment, work as an independent contractor, credit, character or other activities; and (b) the issuance of any information by any person, company or corporation with respect to any of the above, including statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and the Company's agents in obtaining the same. I understand that I may be required to authorize the Company to obtain a consumer report or investigative consumer report, in accordance with applicable law, which authorization is contained in a separate document.

I understand that if employed I will be required to abide by all the rules and regulations of the Company including applicable safety rules, and I agree to use such protective clothing and devices as may be required by the Company.

I understand and agree that any false, misleading, or incomplete information given in my application, interview(s), or other pre-employment documentation, regardless of when discovered by the Company will be sufficient basis for my disqualification for employment or, if already employed by the Company, the termination of my employment with the Company. I agree that the Company shall not be liable in any respect if I am not hired or if my employment is terminated as a result of providing such false, misleading or incomplete information.

I hereby acknowledge that I have read and understood all of the information above written and agree to the terms therein.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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(Applicant's Signature)

(Date)

### Pre-Offer Invitation to Self-Identify

1. This employer 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 ("Protected 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 U.S. military, ground, naval, or air service.
    - An "active duty wartime or campaign badge veteran" means a veteran who served 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 the 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 Rights 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 Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. 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.

\_\_\_\_\_ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

\_\_\_\_\_ I AM NOT A PROTECTED VETERAN

\_\_\_\_\_ I DO NOT WISH TO ANSWER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

## Applicant Voluntary Self-Identification

Name: \_\_\_\_\_  
Last First Middle Initial

Position Applied For: \_\_\_\_\_

Location: \_\_\_\_\_

We are gathering the following information not for employment decisions but for record keeping in compliance with Federal regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program.

Information provided will be kept confidential except that government officials investigating compliance will be informed.

If you choose not to answer any questions, you will not be subject to adverse treatment. If you choose not to "self-identify", however, we are permitted under Federal regulations to maintain sex, race and ethnicity information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial and date below.

\_\_\_\_\_  
Initials Date

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

### **ETHNICITY /RACE:**

Below are two questions; the first is about your ethnicity and the second about your race. You are to answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the Federal government for civil rights enforcement and monitoring purposes. For these purposes, if you mark "Yes, Hispanic or Latino", your race will not be reported. The summarized information on race will be reported in the following categories only:

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races. If you select more than one race, you will be reported to the Two or More Races category. For example, if you select Black and American Indian or Alaska Native, you will be reported in the Two or More Races category.



Question 1 – **ETHNICITY**

Are you Hispanic or Latino?

\_\_\_\_\_ No, not Hispanic or Latino

\_\_\_\_\_ Yes, Hispanic or Latino

*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

Question 2 - **RACE**

What is your race? Select one or more of the following five race categories.

\_\_\_\_\_ **White**

*A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

\_\_\_\_\_ **Black or African American**

*A person having origins in any of the Black racial groups of Africa.*

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**

*A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

\_\_\_\_\_ **Asian**

*A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*

\_\_\_\_\_ **American Indian or Alaskan Native**

*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

\_\_\_\_\_ **Two or More Races**

*All persons who identify with more than one of the above five races.*

Name (please print): \_\_\_\_\_

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



### 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Today's Date

**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.

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<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.