



EMPLOYMENT APPLICATION

Please Complete and Print All Information.

We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, military status, marital status, sexual orientation, political belief, or disability that does not prohibit performance of essential job functions.

PERSONAL INFORMATION

Last Name		First Name	MI
Street Address			
City		State	Zip
Home Phone	Cell Phone	Email	

Prior Address if less than 5 years at above address:

JOB INFORMATION

Position Applied For:	Position Location:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?
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Date Available to Begin Employment:	Expected Rate of Pay:	How did you hear of this Position?	
		<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet Job Board <input type="checkbox"/> Zenith Website <input type="checkbox"/> Referral <input type="checkbox"/> Other (please specify) _____	

If Internet Job Board, please specify:	If Employee Referral, please specify who:
<input type="checkbox"/> Indeed <input type="checkbox"/> Jobs In Motion <input type="checkbox"/> LinkedIn <input type="checkbox"/> Google <input type="checkbox"/> CareerBuilder <input type="checkbox"/> Other _____	

Are you seeking:	When are you available to work: (check all that apply)	Please specify if there is any time that you are <u>not</u> available to work:
<input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Per Diem Employment	<input type="checkbox"/> Weekends <input type="checkbox"/> 1 st Shift <input type="checkbox"/> Holidays <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> Overtime <input type="checkbox"/> 3 rd Shift	

Only US Citizens or Aliens who have a legal right to work in the US are eligible for employment. Can you, upon employment, provide documentation establishing your identity and eligibility to be legally employed in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you 18 years old or older? (If no, you may be required to provide authorization to work.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you presently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact your employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If presently employed, why are you considering leaving?
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Have you ever worked for Zenith Global Logistics or any of its affiliates?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide details including position, location, and dates:
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Have you ever applied for employment with Zenith Global Logistics or any of its affiliates?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide details including position, location, and dates:
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Do you have any relatives or friends who work for Zenith Global Logistics or any of its affiliates?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide details including name and relation:
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Have you ever been terminated from employment or asked to resign by an employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide company names and details:
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Do you speak any foreign languages?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please indicate language and fluency (oral or written):
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Are you a veteran of the U.S. Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please indicate Branch of Service:	<input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	Date(s) of Service:
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ZENITH GLOBAL LOGISTICS

Have you ever been convicted of, or pled guilty or "no contest" (nolo contendere) to, a misdemeanor or felony offense? Do not include minor traffic infractions for which you never appeared in court or offenses which were dismissed. If yes, please state nature of offense(s), date(s), city and state and disposition. Note: An affirmative answer will not necessarily result in disqualification for employment: YES NO

Date:	Offense	Location:	Disposition/Penalty:

EDUCATION	Name and Location of School	Course of Study	Diploma or Degree Received
High School			
Vocational or Trade School			
College			
College			

List Academic Honors, Extracurricular Activities, Offices Held, etc. in High School or College: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

List any other skills or training received that you believe prepare you to succeed in this position:

PROFESSIONAL CERTIFICATIONS & LICENSES (Please list any Professional License or Certification which you currently hold)

Certification/License	State/Issuing Agency	Expiration Date

PROFESSIONAL REFERENCES (Please do not include friends or relatives)

Name:	Relationship:	Years Known:
Address:		
Telephone:	Other Telephone:	
Name:	Relationship:	Years Known:
Address:		
Telephone:	Other Telephone:	
Name:	Relationship:	Years Known:
Address:		
Telephone:	Other Telephone:	

EMPLOYMENT HISTORY (Please include all employment for the last ten years beginning with most recent first. Continue on separate page if needed)

Name of Employer:		Telephone:
Address:		
Position:	Dates of Employment: From: To:	Last Rate of Pay:
Supervisor Name and Title:		Supervisor's Telephone:
Responsibilities or Work Performed:		
Reason for Leaving:		

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Address:		
Position:	Dates of Employment: From: To:	Last Rate of Pay:
Supervisor Name and Title:		Supervisor's Telephone:
Responsibilities or Work Performed:		
Reason for Leaving:		

Name of Employer:		Telephone:
Address:		
Position:	Dates of Employment: From: To:	Last Rate of Pay:
Supervisor Name and Title:		Supervisor's Telephone:
Responsibilities or Work Performed:		
Reason for Leaving:		

PLEASE READ CAREFULLY BEFORE SIGNING

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Zenith Global Logistics to contact any previous employer or persons identified here and release any such persons or organizations from all liability relative to any information supplied.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Zenith Global Logistics to hire me. If I am hired, I understand that either Zenith Global Logistics or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Zenith Global Logistics has the authority to make any assurance to the contrary.

I understand and agree that any false statement on this form will be sufficient reason for rejection or termination. I agree to submit a physical examination whenever requested by the company, and if employed, the first ninety days of such employment will be on a probationary basis during which time the employer may terminate my employment without any recourse on my part (may be thirty days by separate agreement). A Photostat of this authorization shall be as valid as the original.

Signature: _____ Date: _____