

RIVERSIDE SAND CO, INC.

168 Norwood Blanchard Road

Wallace, NC 28466

Phone (910) 285-5711 Fax (910) 285-5785

To: Applicant: Federal and state laws require that all applications be considered without regard to race, religion, color, sex, age or natural origin.

Pre-employment Drug Screen is required.

Application for Employment

Date _____

Full Name _____ Home Phone () _____
(First) (Middle) (Last)

Street Address _____ Social Security # _____

Marital Status: Married Single Male Female _____ Race _____

Birthplace (County/State) _____

In Case of an emergency contact: _____ Phone () _____

Are you over the age of 18? _____

Have you ever applied for employment with us? _____ If yes, when? _____

Date you can start working _____

What position are you applying for? _____ What pay do you expect? _____

Are you available for full-time work? _____ Will you work overtime if asked? _____

Are you legally eligible for employment in the United States? _____

List special training skill _____

List friends/relatives working here _____

Do you have a valid driver's license? _____ Driver's License Number _____

State issued _____

Have you been convicted of a felony in the past 10 years? _____

If yes, explain _____

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making application without endangering yourself, other employees or customers? _____

If no, please explain: _____

Military: Did you serve in the U.S. Armed Forces? _____ If yes, what branch? _____

Educational Background

School	Name & Location	Course of Study	# of Yrs Completed	Graduate	Diploma
--------	-----------------	-----------------	--------------------	----------	---------

College/Graduate _____

Business _____

Trade/Technical _____

High School _____

Elementary _____

Present and Former Employers

Business Name _____ Contact _____
Address _____ Phone _____
Dates Employed _____ Salary _____

Business Name _____ Contact _____
Address _____ Phone _____
Dates Employed _____ Salary _____

Business Name _____ Contact _____
Address _____ Phone _____
Dates Employed _____ Salary _____

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the preemployment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____ Date _____