

**RIVERSIDE SAND CO, INC.**

168 Norwood Blanchard Road

Wallace, NC 28466

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

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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.

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**CDL Driver's 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 ( ) \_\_\_\_\_

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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 \_\_\_\_\_

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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
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College/Graduate \_\_\_\_\_

Business \_\_\_\_\_

Trade/Technical \_\_\_\_\_

High School \_\_\_\_\_

Elementary \_\_\_\_\_

**Present and Former Employers**

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Driving Experience: \_\_\_\_\_

I voluntarily give this institution the right to make a thorough investigation of my past employment, activities and medical history. I 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 \_\_\_\_\_