

MILITARY:

Have you ever served in the military? Yes No

Branch: _____ Final Rank: _____

EMPLOYMENT DESIRED:

Are you seeking: full time part time temporary or summer employment?

Position applied for: _____ Location(s) applied for: _____

Date available to start: _____ Desired salary: _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is yes, state when and where you applied and/ or

worked: _____

How did you learn of our company and/ or position? _____

Are you or do you expect to be engaged in any other business or employment? Yes No

If yes, specify those days or hours you would be unable or unwilling to work:

GENERAL:

Are you legally authorized to work in the United States? Yes No

(Pursuant to the Immigration Reform and Control Act of 1986, if you are hired you must produce documents which are specified by the Federal Government, establishing your identity and authorization for employment in the United States.)

Are you willing to take a drug screen? Yes No

Do you have a current D.O.T. Physical card? Yes (Date issued: _____) No

REFERENCES:

Give three references, not relatives or employers:

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

Name, Address and Location Graduate? Courses Studied

High School Y/N Diploma:

College Y/N Degree:

Trade School Y/N Diploma:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No

If so, when, where and what courses?

List any scholastic honors, offices held and activities involved in during high school and college:

List and describe any other schools or specialized training: _____

SPECIAL SKILLS:

Do you type? Yes No Words per minute: _____

Have you had any computer or word processing experience or training? Yes No

If yes, please describe: _____

What languages do you speak fluently? _____

List any other skills and/ or abilities that you feel qualify you for a position: _____

WORK HISTORY:

IF YOU ARE APPLYING FOR A DRIVING POSITION, A 10-YEAR DRIVING EMPLOYMENT HISTORY IS NEEDED. List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

NAME OF EMPLOYER:	NAME OF LAST SUPERVISOR:	
ADDRESS:	EMPLOYED FROM (MONTH/YEAR):	EMPLOYED TO (MONTH/YEAR):
CITY, STATE, ZIP CODE:	START PAY:	END PAY:
PHONE:	REASON FOR LEAVING:	
TITLE:		
DUTIES:		
NAME OF EMPLOYER:	NAME OF LAST SUPERVISOR:	
ADDRESS:	EMPLOYED FROM (MONTH/YEAR):	EMPLOYED TO (MONTH/YEAR):
CITY, STATE, ZIP CODE:	START PAY:	END PAY:
PHONE:	REASON FOR LEAVING:	
TITLE:		
DUTIES:		
NAME OF EMPLOYER:	NAME OF LAST SUPERVISOR:	
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CITY, STATE, ZIP CODE:	START PAY:	END PAY:
PHONE:	REASON FOR LEAVING:	
TITLE:		
DUTIES:		
NAME OF EMPLOYER:	NAME OF LAST SUPERVISOR:	
ADDRESS:	EMPLOYED FROM (MONTH/YEAR):	EMPLOYED TO (MONTH/YEAR):
CITY, STATE, ZIP CODE:	START PAY:	END PAY:
PHONE:	REASON FOR LEAVING:	
TITLE:		
DUTIES:		

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

DRIVING HISTORY:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

If you answered yes, you have had a positive test or a refusal to test, do you have documentation of successful completion of the return-to-duty process? Yes No

Have you ever had circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle?

- No, I have never had any circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.
- Yes, I have had circumstances of denial, revocation or suspension of a license, permit or privilege to operate a motor vehicle.

If yes, please give an explanation setting forth the facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.

If you are applying for a driving position you must provide a 3-year accident history. Provide an explanation of what happened and when (month and year):

List all violations, other than for parking, of which you convicted or forfeited bond or collateral for a 3-year period preceding the date of the application:

List all unexpired commercial motor vehicle operator's license or permit that have been issued:

DL#	Class:	State:	Exp.Date:
DL#	Class:	State:	Exp.Date:
DL#	Class:	State:	Exp.Date:

List the nature and extent of your driving experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers, full trailers and pole trailers) which you have operated.

<u>Type of vehicle</u>	<u>Amount of experience (years/ months)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AFFIDAVIT

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. I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind. I understand that any misleading or incorrect statements set forth in my application, resume, any other materials submitted as part of the employment application process or given by me during any interviews will render this application void and will be just cause for refusal of employment and if employed would be cause for my termination. I further agree to waive any and all claims I may have against Riverton Acquisition Company, LLC., its parent corporations, successors, subsidiaries and affiliates, whether owned in whole or in part, and all of their present and former directors, officers, agents, employees, attorneys, partners, and representatives, now or in the future, in any respect if my employment is terminated because of false statements, answers or omissions made by me in this questionnaire. I also authorize the companies, persons or schools named on this application to give any information regarding my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release said companies, schools or persons from all liability for any damage resulting from issuing this information. I certify that all statements and answers to questions are true and were made without reservations. I further understand that the taking of drug screens is a condition of my employment and refusal to take such screens when asked will result in my termination. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company and understand that my employment is terminable at will, that I am not being employed for any specified time and that this application is not and is not intended to be a contract for current or continued employment. Further, I understand that my employment, with its compensation, can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I also understand that no manager or representative of the company, other than the CEO, General Counsel or Human Resources has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above. The information provided by you herein may be used, and your prior employers may be contacted, for the purposes of investigating your background.

Print Name _____

Applicant's Signature _____ Date ____ / ____ / ____