

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

**\*\*APPLICANT IS TO FILL OUT DOCUMENT BELOW\*\***



*RALEIGH METAL RECYCLING  
GOLDSBORO METAL RECYCLING*



**CRIMINAL AND ADDITIONAL DRIVER RECORD INFORMATION SUPPLEMENT  
INSTRUCTIONS:**

- The laws for use of this information vary by state. It is recommended that all decision-making based on criminal convictions be individualized and job-related.
- Location specific caveats regarding criminal conviction inquiries are noted below. Please review the information for your location, and contact your Human Resource Business Partner for further guidance. If you will not be asking for conviction information, please remove this supplement prior to asking the applicant to complete the employment application.

**APPLICATION SUPPLEMENT FOR COMMERCIAL MOTOR VEHICLE DRIVER POSITIONS:**

- A separate application supplement for commercial motor vehicle driver positions subject to U.S. DOT regulations along with a form template to request DOT required safety performance history from previous employers is available on FormSource.

# EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace. Note pages 6-8 of this application may be intentionally omitted.

COMPANY: RALEIGH METAL RECYCLING / GOLDSBORO METAL RECYCLING

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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## PERSONAL DATA

Salary expectations: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you are under 18 years of age, please specify your age: \_\_\_\_\_ (This information will be used only for child labor law purposes).

Are there any days, shifts or hours you will not work?  Yes  No

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

Are you available for out of town work?  Yes  No

Will you work overtime, if required?  Yes  No

When will you be able to start work? \_\_\_\_\_

Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)?  **Yes**  **No**

Note: Answering “yes” does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action: \_\_\_\_\_

\_\_\_\_\_

How did you learn of the Company? \_\_\_\_\_

If referral, who were you referred by? \_\_\_\_\_

Have you ever applied or worked for the Company before?  **Yes**  **No**

If yes, provide dates: \_\_\_\_\_

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

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)?  
 **Yes**  **No**

**Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification “Form I-9” be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

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## DRIVING RECORD

(Answer only if driving is a requirement of the job for which you are applying).

Do you have a valid driver's license?  **Yes**  **No**      State: \_\_\_\_\_      License No: \_\_\_\_\_

Have you had any tickets?  **Yes**  **No**

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

## EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Address: \_\_\_\_\_

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State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Please explain any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Did you receive any discipline in your last 12 months of active employment with your previous employer?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment?  Yes  No

If yes, what was the range of scores used and what was your score? \_\_\_\_\_

\_\_\_\_\_

Have you signed any non-competition or non-solicitation agreement with any other employer that might restrict you from working for the Company (you may be required to furnish a copy of the agreement)?

Yes  No

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

\_\_\_\_\_

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**REFERENCES** (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

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**MILITARY** (Complete only if you served in the military.)

Branch of Service: \_\_\_\_\_ Number of Years /Months of Service: \_\_\_\_\_

Rank at Discharge; \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job you applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# CRIMINAL AND ADDITIONAL DRIVER RECORD INFORMATION SUPPLEMENT

**All Applicants:** You must answer all questions below unless specifically otherwise noted below. Please review the information prior to answering.

When answering the following questions, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order.

1. Has your license ever been suspended or revoked?  **Yes**  **No** \_\_\_\_\_

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

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2. Do you have any DUI or DWI convictions?  **Yes**  **No**

If yes, please state when you were convicted and explain: \_\_\_\_\_

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3. Have you ever been arrested within the last seven years?  **Yes**  **No**

If you checked "Yes," please explain below. An arrest will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime, conviction and your subsequent rehabilitation (attach additional sheets if necessary):

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)



## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information Supplement and Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

**I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY OR ADP TOTALSOURCE WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY OR ADP TOTALSOURCE. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT WITH THE COMPANY MAY ONLY BE ALTERED WITH A WRITTEN AUTHORIZATION SIGNED BY THE CHIEF EXECUTIVE OFFICER OF THE COMPANY, AND THAT MY AT-WILL STATUS WITH ADP TOTALSOURCE MAY NOT BE ALTERED.**

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the Company to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other for whom I have applied for employment, and release the Company from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_