

INTERNAL USE ONLY

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLE	TE PAGES 1-5.		DATE		
Name	Last	First	Middle	Maiden	
Present address					
How long	Number	Street	^{City} Social Security No.	State Zip	
Telephone			Drivers License No.		-
If under 18, please I	ist age		Date of birth (MM/	DD/YYYY)	-
	(1)(2)		Mon	ailable to work Thur Fri Sat Sun	
How many hours ca	n you work weekly? _		Can you work	nights and/or weekends?	
	d D FULL-TIME			FULL- OR PART-TIME	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
0 "				
College				
Bus. or Trade School				
Drofossional Sabaal				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?	
TAVE TOO EVER BEEN CONVICTED OF A MISDEMEANOR OR TELONT!	L 163

If yes, please explain.

A conviction will not necessarily disqualify you from the job which you have applied.

Is there any information we would need about your name or use of another name for us to be able to verify your work record or personal information? Yes No

If yes, please list all aliases:_____



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DO YOU HA	VE A DRIVE	R'S LICE	NSE?	🛛 Yes	🗆 No				
Driver's lice number	nse			_State of	issue _		Operator	Commercial (CDL)	Chauffeur
Expiration d	ate			_					
					APP	FFICE LICANTS DNLY			
Typing	□ Yes □ No		WPM		10-key	□ Yes □ No			
Personal Computer	□ Yes □ No	PC Mac				Other Skills			
Plazza list t	wo reference	s other the				lovors			
						-			
Name						Name _			
Position						Position			
Company _						Compan	у		
Address						Address			
Telephone						Telepho	ne		
	ce below to s which you are			litional inf	ormation	necessary	to describe yo	ur full qualifications for th	ne specific

Do you have any family members working for Sandbox Logistics or U.S. Silica Organization?

If yes, who? _____ Relationship _____

Sar	ıdB	lox"

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	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	🖵 Yes	es 🗖 No
ARE YOU NOW A MEMBER OF THE NATIONAL GUA	ARD? 🛛 Yes	es 🗖 No
Specialty	Date Entered	Discharge Date

Work
Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this

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City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)	L -		
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	omotions while you wo	rked at this
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
Address City, State, Zip Code		Employment dates	Pay or salary Start
Address			
Address City, State, Zip Code		From	Start
Address City, State, Zip Code	supervisor	From	Start
Address City, State, Zip Code Phone number	supervisor Your last job title	From To	Start Final

Did you complete this application yourself	ΠY

∕es ☐ No If not, who did?_____

Emergency Contact Name and Relation

Emergency Contact Phone Number



AGREEMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with SANDBOX creates an actual or implied contract of employment. I understand that, if I accept employment with SANDBOX, it will be on an at-will basis. This means that either SANDBOX or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, and an examination by a medical professional chosen by the SandBox[™], if requested by the company. I release SANDBOX, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize SandBox[™] to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release SANDBOX and its employees from all liability arising from such investigation.

I consent to SANDBOX obtaining a Workers' Compensation Previous History Report from the Texas Workers' Compensation Board or from another qualified agency, which provides this information. This will include information about any claims I may have filed on Workers' Compensation insurance.

Signature of applicant

Date:

SANDBOX is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with SANDBOX depends solely on your qualifications.