

Cliff Viessman, Inc.

215 1st Ave • PO Box 175 • Gary, SD 57237 • (800)328-2408

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, gender, marital status, veteran status, non-job related disability, or any other protected group status. Arrangements for accommodations required by disabilities can be made by contacting Human Resources at the above phone number or address.

Applicant to Complete All Information Requested
Please Print

Date of Application _____

Name _____ Social Sec. No. _____
Last First MI

Present Address _____
No. Street City State Zip

Previous Address _____
No. Street City State Zip

Telephone Number(_____) Cell Phone(_____) _____

Are you legally eligible to work in the United States? Yes (proof required) No

Have you ever been convicted of or pled guilty to any felony? Yes No

If yes, please explain: _____

Are you under the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you graduate?	Course or Major
College			
Technical School			
High School			
Other			

EMPLOYMENT HISTORY

VERY IMPORTANT: List all present and past employment BEGINNING WITH THE MOST RECENT
Do NOT mark on application "SEE RESUME". Application must be complete. You may attach your resume.

Present or Last Employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM	TO	<input type="checkbox"/> Full Time OR		Starting Pay	Ending Pay	
Mo. Yr	Mo. Yr.	<input type="checkbox"/> Part-time Hrs/Wk				
Reason for leaving:						
Specific Duties						
2 nd Employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM	TO	<input type="checkbox"/> Full Time OR		Starting Pay	Ending Pay	
Mo. Yr	Mo. Yr.	<input type="checkbox"/> Part-time Hrs/Wk				
Reason for leaving:						
Specific Duties						
3 rd Employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM	TO	<input type="checkbox"/> Full Time OR		Starting Pay	Ending Pay	
Mo. Yr	Mo. Yr.	<input type="checkbox"/> Part-time Hrs/Wk				
Reason for leaving:						
Specific Duties						
4 th Employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM	TO	<input type="checkbox"/> Full Time OR		Starting Pay	Ending Pay	
Mo. Yr	Mo. Yr.	<input type="checkbox"/> Part-time Hrs/Wk				
Reason for leaving:						
Specific Duties						

Attach additional sheets if necessary

LICENSES

Complete this section only if the position sought requires a valid driver's license.

Do you have a valid driver's license? Yes No

Driver's License Number: _____ State: _____

Class: _____ Expiration Date: _____ Endorsements: _____

Have you ever had your driver's license suspended or revoked in the past three years? Yes No

If yes, give details: _____

List all moving violations within the past three years:

Nature of offense(s): _____

Date(s): _____ Explain: _____

ADDITIONAL WORK EXPERIENCE/SPECIAL SKILLS

List any additional information you feel may be important for us to know in evaluating your application, e.g., professional licenses, professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments:

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents, may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination, drug test, and/or motor vehicle record.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

I understand that I will be required, prior to hire, to provide proof of eligibility to work in the United States and information on any relevant criminal convictions.

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.

Applicant Signature

Date