



Cliff Viessman, Inc.

215 1st Ave • PO Box 175 • Gary, SD 57237

Drivers 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, marital status, veteran status, non-job related disability, or any other protected group status.

Applicant: _____ Date of Application _____
Print Name

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date: _____

Applicant to Complete All Information Requested
Please Print

Name _____ Social Sec. No. _____
Last First MI

The U.S. Department of Transportation requires that driver applicants give their date of birth (§391.21(b)(2)) _____
Month / Day / Year

Present Address _____
No. Street City State Zip

Telephone Number(_____) Cell Phone(_____) _____

If at the above residence for less than three years, list your addresses of residency for the past three years. Attach a separate sheet if necessary.

Previous Address _____
No. Street City State Zip

Previous Address _____
No. Street City State Zip

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 fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All Circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____ If yes, explain if you wish: _____

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 _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever worked for this company under another name? _____

If so, under what name? _____

EDUCATIONAL BACKGROUND

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name City/State

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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 additional sheets as necessary.**

Present or Last Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:		Position Held				
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2 nd Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:		Position Held				
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3 rd Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:		Position Held				
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4th Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:		Position Held				
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

*Includes vehicles having a GVWR of 26001 lbs. or more, vehicles designed to transport 16 or more passengers, including the driver, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY – continued.

5th Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:			Position Held			
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
6th Employer		Address		City	State	Zip
Job Title		Supervisor		Phone 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:			Position Held			
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
7th Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:			Position Held			
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						
8th Employer		Address		City	State	Zip
Job Title		Supervisor/Contact		Phone 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:			Position Held			
Were you subject to the FMCSRs† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was your job designated as a Safety-Sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

*Includes vehicles having a GVWR of 26001 lbs. or more, vehicles designed to transport 16 or more passengers, including the driver, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVER EXPERIENCE & QUALIFICATION – Answer the questions in this section only if applying for a driver position

Drivers licenses held in past 3 years must be shown

State	License Number	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
- C. Have you ever tested positive or refused a drug or alcohol pre-employment test within the past three years from any DOT-regulate employer who did not hire you? Yes No

If “Yes” to A, B, or C, 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			
Motor coach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	-			
Motor coach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	-			
Other				

List states operated in during last five years: _____

ADDITIONAL WORK EXPERIENCE/SPECIAL SKILLS

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List special equipment or technical materials you can work with (other than those already shown): _____

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed) If none, write NONE

Dates	Nature of Accident (Head-On, Rear-End, 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



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Employment Application Certification

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



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Driver Employment Job Description

Job applicants for the position of driver for Cliff Viessman, Inc. must be able to perform these essential job functions safely:

1. Climb into and out of the cab of a conventional semi tractor.
2. Must be able to visually inspect engine water levels and dip stick oil levels on the tractor's engine during their daily and pre-trip inspections.
3. Climb onto the top of a tank trailer in order to open dome cover for loading and unloading procedures.
4. Must be able to assist in the hand unloading or loading of a van or a refer trailer.
5. Must be able to climb into the back of a live bottom trailer to move product around for unloading. And for the adjustment of tarp covers.
6. Must be able to shift a manual transmission on a semi-tractor.
7. Must be able to safely operate tractor foot pedals (Clutch, brake, and accelerator pedal).
8. Must have a current Commercial Drivers License (CDL) with proper endorsements.
9. Must have a current DOT physical.
10. Must pass a pre-employment drug screen test.



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Driver Notification and Release

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such record; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

Print Name

Social Security No.

Applicant's Signature

Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with CLIFF VIESSMAN (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:
I authorize CLIFF VIESSMAN, INC. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015