

CLIFF VIESSMAN, INC.

PO BOX 175
GARY, SD 57237
PHONE 800-328-2408
FAX 605-272-5546

PRE-EMPLOYMENT APPLICATION

Name: _____ Social Security No.: _____
Last First Middle

Current Address _____
Street City
State Zip Code Phone No: _____

Date of Birth: _____ How many accidents in the last three years? _____

How many traffic convictions in the past three years? _____

How many years of driving experience? _____ How many tractor trailer miles driven? _____

Current Drivers License: _____ / _____ / _____
State License No Type Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____
Yes/No

Has any license, permit, or privilege ever been suspended or revoked? _____
Yes/No

EMPLOYMENT HISTORY

| EMPLOYER | DATE |
|--|--|
| NAME | FROM: MO _____ YEAR _____ TO: MO _____ YEAR _____ |
| ADDRESS | POSITION HELD |
| CITY | SALARY |
| CONTACT PERSON | PHONE NUMBER |
| | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? | YES _____ 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? | YES _____ NO _____ |

EMPLOYMENT HISTORY

| EMPLOYER | | DATE |
|--|--------------|--|
| NAME | | FROM: MO _____ YEAR _____ TO: MO _____ YEAR _____ |
| ADDRESS | | POSITION HELD |
| CITY | | SALARY |
| CONTACT PERSON | PHONE NUMBER | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? | | YES _____ 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? | | YES _____ NO _____ |

| EMPLOYER | | DATE |
|--|--------------|--|
| NAME | | FROM: MO _____ YEAR _____ TO: MO _____ YEAR _____ |
| ADDRESS | | POSITION HELD |
| CITY | | SALARY |
| CONTACT PERSON | PHONE NUMBER | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? | | YES _____ 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? | | YES _____ NO _____ |

| EMPLOYER | | DATE |
|--|--------------|--|
| NAME | | FROM: MO _____ YEAR _____ TO: MO _____ YEAR _____ |
| ADDRESS | | POSITION HELD |
| CITY | | SALARY |
| CONTACT PERSON | PHONE NUMBER | REASON FOR LEAVING |
| WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? | | YES _____ 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? | | YES _____ NO _____ |

PLEASE MAIL OR FAX TO:

CLIFF VIESSMAN, INC.

PO BOX 175
GARY, SD 57237
PHONE 800-328-2408
FAX 605-272-5546