

Name:			
	Last	M.I.	First

Date:

345 Burnett Road West Lafayette, IN 47906 Phone: (765) 742-4200 • Fax: (765) 742-4211

# APPLICATION FOR EMPLOYMENT

Viper USA is committed to Diversity and Inclusion. We encourage diverse candidates to apply. Viper USA is an Equal Opportunity/Affirmative Action Employer – Minorities/Females/Protected Veterans/Individuals with Disabilities.

Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check.

## **GENERAL INFORMATION**

Name:	Social Security Number:
Email Address:	
Address:	
Cell Phone Number:	Alternate Phone Number:
Position Applied For:	Salary/Rate Requested: \$/Hour / Year (circle one)
How Were You Referred to This Position?	
Can you perform the essential functions of the positio	on for which you are applying? Y N
Employment Desired:	Temporary 🗆 Seasonal
If Part-Time desired, specify hours:	If Seasonal, specify timeframe:
Date Available to Start: Shift Pro	eference: (check all that apply) $\Box 1^{st} \Box 2^{nd} \Box 3^{rd}$
Are you legally eligible to work in the United States? (If offered employment, you will be required to provide docu	
Are you 18 years of age or older? Y N (If no, years)	ou may be required to provide authorization to work.)
Do you have any criminal convictions that would app	ear on a background check? Y N
If yes, give date(s), place(s), and nature of offense(s): _	
Have you previously been employed by this company of If yes, when?	

# EDUCATIONAL INFORMATION

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	# of Years Completed	Did you Graduate?	Degree or Major
High School			Y N	
College			Y N	
Graduate School			Y N	
Professional License or Membership				

### **EMPLOYMENT EXPERIENCE**

Begin with your present or last job, including any U.S. military service. Include any job-related military service assignments and volunteer activities. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

Previous Employer:	Employment Dates:/ to/
Address:Salary:	
Phone Number:	Supervisor:
Reason for Leaving:	May we contact them? Y N
Title and Duties:	If no, please explain:
Previous Employer:	Employment Dates: $\underline{//}_{Mo.}$ to $\underline{//}_{Yr.}$ to $\underline{//}_{Yr.}$
Address:Salary:	\$/ Hour / Year (circle one)
Phone Number:	Supervisor:
Reason for Leaving:	May we contact them? Y N
Title and Duties:	If no, please explain:
Previous Employer:	Employment Dates: $\underline{//}_{Mo.}$ to $\underline{//}_{Yr.}$ to $\underline{//}_{Yr.}$
Address:Salary:	\$/ Hour / Year (circle one)
Phone Number:	Supervisor:
Reason for Leaving:	May we contact them? Y N
Title and Duties:	If no, please explain:
Previous Employer:	Employment Dates: $\underline{//}_{Mo}$ to $\underline{//}_{Yr}$
Address:Salary:	\$/ Hour / Year (circle one)
Phone Number:	Supervisor:
Reason for Leaving:	May we contact them? Y N
Title and Duties:	If no, please explain:
Please explain any gaps in employment:	

### SPECIAL SKILLS AND QUALIFICATIONS

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, special job-related skills, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

#### References

Employment-related reference required.

Name and Title	Company and Address	Phone
		Work:
		Home:
		Work:
		Home:
		Work:
		Home:

### **APPLICANT'S STATEMENT**

The information I have furnished on this application form is true and complete. I hereby give Viper USA the right to investigate my background and release Viper USA, all persons or corporations supplying such information, from liability.

I understand that if any misrepresentation has been made by me, any offer of employment made to me may be withdrawn or my subsequent employment with the Company may be terminated. As part of the normal procedure for processing applications, a routine inquiry may be made on my previous work performance, general reputation, background and personal characteristics. I understand that the Company may conduct a criminal background check. Any convictions that I omit may be grounds for this application, or my possible employment, to be considered for possible grounds of dismissal.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature

Date

#### **AFFIRMATIVE ACTION INFORMATION FORM**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position applied for. The information requested on this sheet is for the purpose of our compliance with these record-keeping requirements and to determine recruiting and employment patterns. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, physical or mental disability, veteran status, age or marital status.

#### Completing this form is voluntary and is not a requirement for employment.

Applicant Name:	Date of Application:
Position Applied For:	

Gender	RACE/ETHNIC GROUP		
Male	American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.		
Female	Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
	<b>Black or African American -</b> A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".		
	Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
	<b>White -</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.		
	Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.		
	<b>Hispanic or Latino (all other races) -</b> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.		
	Other:		
	(Please specify)		
How were you referred	to this company?		
<ul> <li>☐ Walk-in</li> <li>☐ School Referral</li> <li>☐ Employee Referral</li> </ul>	<ul> <li>Business Referral</li> <li>Newspaper/internet or trade journal advertisement</li> <li>Indiana Workforce Development</li> </ul>		

- Private Employment Agency/Recruiter
- Minority Employment Agency/Recruiter
- Customer Referral

- Indiana Workforce Development
- Unsolicited Resume
- Other

# AUTHORIZATION TO OBTAIN A BACKGROUND CHECK AND/OR CREDIT REPORT

Please print clearly.

Name:		
Last	Middle	First
Maiden Last Name (if applicable):		
List Any Former Names Used (Ni	cknames, Aliases, etc.):	
Social Security Number:		
Date of Birth (mm/dd/yyyy):/	/	
Telephone Number:		
Current Street Address:		Apt. #:
City:	State:	Zip Code:
Driver's License Number:		State Issued:
Name on Driver's License:		
By signing below, you are certify	ing that the above inform	nation is true and correct.
Signature		Date
representatives to conduct a compresentatives to conduct a compresent consumer report to be generated for scope of the consumer report/inv verification of Social Security num education; references; credit histor	rehensive review of my bac or employment, promotion, estigative consumer repo- aber; current and previous r y and reports; criminal hist jurisdictions; birth record	authorize Viper USA and its designated agents and ekground through a consumer report and/or an investigative reassignment, or retention as an employee. I understand the rt may include, but is not limited to, the following areas: residences; employment history, including all personnel files; tory, including records from any criminal justice agency in ds, Motor Vehicle Records, including traffic citations and
		complete release of these records or data; pertaining to me
former employer, school, policy de	epartment, financial institut	ency may have. I hereby authorize and request any present or tion or other persons having personal knowledge of me to nformation in their possession regarding me in connection

I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same

Signature

authority as the original.

#### **AUTHORIZATION TO CONDUCT REFERENCE CHECKS**

I, \_\_\_\_\_\_, authorize Viper USA to contact my references to investigate my past employment and professional activities. I also agree to release from liability all persons and companies providing this information.

I understand and acknowledge that any offer of employment may be conditional upon Viper USA being completely satisfied with the information provided as a result of this reference check.

Applicant Name

Date

Applicant Signature

Once completed, click the "Submit" button below.