



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

Name: _____
Last M.I. First

Date: _____

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: _____
Last M.I. First

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 position for which you are applying? Y N

Employment Desired: Full-Time Part-Time Temporary Seasonal

If Part-Time desired, specify hours: _____ If Seasonal, specify timeframe: _____

Date Available to Start: _____ Shift Preference: (check all that apply) 1st 2nd 3rd

Are you legally eligible to work in the United States? Y N
(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you 18 years of age or older? Y N (If no, you may be required to provide authorization to work.)

Do you have any criminal convictions that would appear 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 or its subsidiaries? Y N

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 ____/____/____
Mo. Yr. Mo. 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: ____/____/____ to ____/____/____
Mo. Yr. Mo. 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: ____/____/____ to ____/____/____
Mo. Yr. Mo. 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: ____/____/____ to ____/____/____
Mo. Yr. Mo. 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.

Black or African American - 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.

White - 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.

Hispanic or Latino (all other races) - 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?

- | | |
|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Business Referral |
| <input type="checkbox"/> School Referral | <input type="checkbox"/> Newspaper/internet or trade journal advertisement |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Indiana Workforce Development |
| <input type="checkbox"/> Private Employment Agency/Recruiter | <input type="checkbox"/> Unsolicited Resume |
| <input type="checkbox"/> Minority Employment Agency/Recruiter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Customer Referral | |

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 (Nicknames, 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 certifying that the above information is true and correct.

Signature

Date

Pursuant to the Federal Fair Credit Reporting Act, I hereby authorize Viper USA and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all Federal, State, or County jurisdictions; birth records, Motor Vehicle Records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data; pertaining to me which an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, policy department, financial institution or other persons having personal knowledge of me to furnish Viper USA or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

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.

Signature

Date

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, save this form, and email it to HR@ViperUSA.com