



## APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, mental or physical disability, or any other legally protected status.**

(PLEASE PRINT OR TYPE)

Position Applied For:						Date of Application
Referral Source:	Ad or Web Site	Employee	Friend/Relative	Walk-In	Other: List Below	Salary Desired
Provide Info←						

Last Name		First Name		Middle Name		
Street Address		City	County		State	Zip Code
Home Phone		Work Phone		Social Security Number		

If you are less than 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been employed with us before? If Yes, give date: \_\_\_\_\_  Yes  No

Have you ever filed an application with us before? If Yes, give date: \_\_\_\_\_  Yes  No

If currently employed, may we contact your present employer?  Yes  No

Are you presently prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)  Yes  No

Are you available to work:  Full Time  Part Time  On-Call  Temporary

Are you available to work overtime?  Yes  No

Can you travel if the job requires it?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

***Note to Applicants: Please Answer the Question Below Based on the General Requirements of the Job for Which You Are Applying.***

Are you capable of performing in a reasonable manner the activities involved in the job for which you have applied with or without reasonable accommodation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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# E D U C A T I O N

Level Attained	School Name	Course of Study	Years Completed	Diploma Degree*	Year Awarded
High School					DO NOT COMPLETE
Undergraduate College					DO NOT COMPLETE
Graduate Professional					
Other (Specify)					

**\* Note to Applicants:** *Copies of College Diplomas and/or Transcripts (if applicable) may be required from All Applicants hired by Viasant LLC.*

**OTHER QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any specialized training, apprenticeship, and extra-curricular activities.

Do you speak, write or understand any foreign language? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, which language(s)? \_\_\_\_\_

What interested you in Viasant?  
 \_\_\_\_\_  
 \_\_\_\_\_

To aid us in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on the application. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify the name you were employed or enrolled under. \_\_\_\_\_

**WORK REFERENCES ONLY**

*(Supervisory references preferred. Do not list friends or relatives. Daytime phone number required.)*

1. NAME:	Work #: (    )
ASSOCIATION:	Home #: (    )
2. NAME:	Work #: (    )
ASSOCIATION:	Home #: (    )
3. NAME:	Work #: (    )
ASSOCIATION:	Home #: (    )
4. NAME:	Work #: (    )
ASSOCIATION:	Home #: (    )

# EMPLOYMENT EXPERIENCE

**Start with your present or last job (if currently unemployed).** Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, mental or physical disability, or other protected status. **Please print legibly, complete in detail, and do not reference resume in lieu of filling out table below. If you need additional space, please continue on a separate sheet of paper.**

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address:			
	<b>Annual Salary</b>		
Supervisor Name:	Starting	Current/Final	
Telephone:			
Your Job Title:			
Reason for Leaving:			

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address:			
	<b>Annual Salary</b>		
Supervisor Name:	Starting	Current/Final	
Telephone:			
Your Job Title:			
Reason for Leaving:			

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address:			
	<b>Annual Salary</b>		
Supervisor Name:	Starting	Current/Final	
Telephone:			
Your Job Title:			
Reason for Leaving:			

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address:			
	<b>Annual Salary</b>		
Supervisor Name:	Starting	Current/Final	
Telephone:			
Your Job Title:			
Reason for Leaving:			

# APPLICANT'S STATEMENT

(PLEASE READ CAREFULLY)

I certify that all the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I authorize the references listed above, as well as all other individuals whom Viasant (the Company) contacts to provide the Company any and all information concerning my previous employment, education and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or its agents, employees or representative. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation is **AT-WILL** and can be terminated with or without cause or advance notice, at any time, either at my option or at the option of Viasant LLC. I understand that Viasant will not be bound by any oral promises made as to length of employment and that no employees or representatives of Viasant, other than the President, have any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President may not alter the **AT-WILL** nature of the employment relationship unless he or she does so specifically in writing. Such a contract must be designated as an "Employment Contract" and be signed by both parties.

In the event of my employment, any company materials entrusted to me during the course of my employment will be returned to Viasant LLC on the last day of my employment whether I resign or am terminated. I agree and understand that should I be employed I will not, at any time or in any manner, whether during or after my employment, either directly or indirectly, divulge, disclose, or communicate to any outside person, firm, or corporation, in any manner whatsoever, any confidential information concerning any matters affecting or relating to the business of Viasant, including, without limiting the generality of the foregoing, confidential information related to any of its customers, the prices it sets or the fees it has obtained from the sale of its services or products, or relating to its manner of operation, its plans, and other "proprietary information." I understand that I will be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

**I hereby authorize my previous employer and, if a job offer is accepted, my current employer to provide any and all information they deem appropriate (to include final salary) regarding my employment and job performance.** This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my previous or current employers and their agents, employees and representatives, and release such employers and their agents, employees and representatives from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

**I agree and understand that under the Fair Credit Reporting Act I have been told that this investigation may include an investigative consumer report including information regarding my character, general reputation, personal characteristics, and mode of living. If any such investigation results in denial of employment, I will be so advised. Viasant LLC will supply the name and address of the consumer reporting agency making the investigative report, and I will be given an opportunity to correct any misinformation contained in any such report.**

Check this box if you want a copy of any credit reports obtained.

**APPLICANT'S CERTIFICATION** - This certifies that I have read and understand the preceding statements and that this application was completed by me and that all entries on it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*(Do not sign until you have read and understand the entire page.)*

### PLEASE ATTACH A CURRENT RESUME IF REQUIRED

Your interest in our organization is appreciated. If you are not offered employment within six (6) months following the date of this application, you must resubmit an application if you wish to be considered for future employment.

# VOLUNTARY APPLICANT DATA FORM

**PLEASE REMOVE THIS FORM FROM THE APPLICATION AND SUBMIT SEPARATELY. THIS VOLUNTARY FORM IS FOR FEDERAL REPORTING REQUIREMENTS ONLY.**

The federal government requires Viasant LLC to report sex and race/ethnic origin of applicants for employment. Under the Veterans Employment Opportunities Act, Viasant is required to report veteran status of applicants for employment. Submission of this information is voluntary and failure to provide it will not subject you to any adverse treatment. Your cooperation is appreciated.

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Indicate how you learned of this vacancy:

- Employee – name of employee: \_\_\_\_\_
- Direct Inquiry to Personnel
- Advertisement – please specify source: \_\_\_\_\_
- Organization – please specify: \_\_\_\_\_
- Other – please specify: \_\_\_\_\_

Indicate Sex:

- Male  Female

Indicate Race/Ethnic Group:

- White A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American A person having origins in any of the Black racial groups of Africa.
- 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.
- 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.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.

Indicate Veteran Status:

- No Veteran Status  Disabled Veteran  Vietnam Veteran  Other Veteran

**Viasant LLC** is an equal opportunity employer and does not discriminate on the basis of race, gender, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, veteran status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation, in admission or access to, or treatment or employment in, its programs and activities. Inquires regarding the corporation's policy and procedures should be directed to the President, Viasant LLC.

**Authorization to Obtain Employment Background Report**

I have read the Disclosure Regarding Employment Background Report provided by \_\_\_\_\_("COMPANY") and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself, and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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## **State Law Notices Relating to Your Background Report**

**Washington State Applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**California, Massachusetts, Minnesota, New Jersey and Oklahoma Applicants Only:** Please check the box to the left if you would like a free copy of any REPORT obtained by COMPANY from Sterling.

**New York Applicants Only:** By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

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**Authorization for the Social Security Administration (SSA)  
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service       Banking Service  
 Background Check       License Requirement  
 Credit Check       Other

with the following company ("the Company"):

Company Name:

Company Address:

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

**Contact information of individual signing authorization:**

**Address:**

**City/State/Zip:**

**Phone Number:**



## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit [HYPERLINK http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf](http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf)



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Signature

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Today's Date (MMDDYYYY)