APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFOR	RMATION			DATE			
=			SOCIAL SECURITY				
NAME LAST	FIRST	MID	DLE	NUMBER			_ _
PRESENT ADDRESS							LAST
	STREET		CITY	STA	ATE	ZIP	
PERMANENT ADDRESS	STREET		CITY	STA	ATE	ZIP	-
PHONE NO	OTTLE	ARE YOU 18 Y	EARS OR OLDE	_	No 🗌	2	
ARE YOU EITHER A U.S. C	CITIZEN OR AN ALIEN AU	THORIZED TO W	ORK IN THE UN	ITED STATES?	Yes 🗌	No 🗌	
EMPLOYMENT DE	SIRED		E YOU START		SALARY		
	ITON CAN START DESIRED IF SO MAY WE INQUIRE						
ARE YOU EMPLOYED NO	W?		OUR PRESENT				_
EVED ADDITED TO THIS O	VED ADDITIED TO THE COMPANY DEFORES						FIRS
EVER APPLIED TO THIS C	VER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?						- -
REFERRED BY							
EDUCATION	NAME AND LOCATIO	N OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJEC	TS STUDIED	
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL SUBJECTS OF SPECIAL	STUDY OD DESEADOU I	MOBK					
SUBJECTS OF SPECIAL	STODI ON NESEANOITY	VORK					
SPECIAL SKILLS							
ACTIVITIES (CIVIC, ATHL	ETIC, ETC)						
EXCLUSIVE ORGANIZATIONS, TH	· · · · · · · · · · · · · · · · · · ·	THE RACE, GREED SE	X, AGE, MARITAL STA	ATUS, COLOR OR NA	TION OF ORIGIN	OF ITS MEMBERS	
U.S. MILITARY OR NAVAL SERVICE	RANK			PRESENT MEMERSHIP IN NATIONAL GUARD OR RESERVES			

^{*}The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age



PERSONAL EM	PLOYERS (LIST BELO	OW LAST THREE I	EMPLOYERS, STA	RTING WITH LAST ONE	E FIRST).			
DATE, MONTH AND YEAR	NAME AND ADDRESS C	DF EMPLOYER SALARY		POSITION	REASON FOR LEAVING			
FROM								
ТО								
FROM								
ТО								
FROM								
TO FROM								
TO								
WHICH OF THESE JO	BS DID YOU LIKE BEST?							
REFERENCES:	GIVE THE NAMES OF THRE	E PERSONS NOT	RELATED TO YOU	J, WHOM YOU HAVE KI	NOWN AT LEAST ONE YEAR			
N	NAME		ADDRESS		YEARS ACOUAINTED			
1.								
2.								
3.								
IT IS UNLAWFUL CONDITION OF E	S STATEMENT APPLIES IN M IN THE STATE OF MPLOYMENT OR CONTINUMINAL PENALTIES AND CIV	JED EMPLOYMEN	_ TO REQUIRE ÒR	ADMINISTER A LIE DE				
		Si	gnature of Applicant					
IN CASE OF EMERGENCY NOTIFY	Y							
	NAME			ADDRESS	PHONE NO.			
UNDERSTAND THAT	, IF EMPLOYED, FALSIFIED	O STATEMENTS C	N THIS APPLICAT	TON SHALL BE GROU				
AND ALL INFORMAT		EVIOUS EMPLOY	MENT AND ANY P	ERTINENT INFORMAT	ED ABOVE TO GIVE YOU ANY ION THEY MAY HAVE, AND RE- AME TO YOU.			
I UNDERSTAND AND OF PAYMENT OF MY) AGREE THAT, IF HIRED, N	MY EMPLOYMENT TERMINATED AT	IS FOR NO DEFII	NITE PERIOD AND MA OUT PRIOR NOTICE AN	Y, REGARDLESS OF THE DATE ND WITHOUT CAUSE."			
DATE	SIGNAT	URE						
		DO NOT WR	RITE BELLOW TH	IIS LINE				
INTERVIEWED BY					DATE			
REMARKS								
NEATNESS			ABILITY					
HIRED: Yes	☐ No	POSITION		DEPT.				
SALARY / WAGE		DATE REPORTING TO WORK						
APPROVED 1.		2.		3.				
, a i noved 1.	EMPLOYMENT MAN		DEPT. HEAD		ENERAL MANAGER			

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions whish, when asked by the Employment of the Job Applicant, may violate State and/or Federal Law