Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information						DATE						
NAME (LAST NAME FIRST)						SOCIAL S	SOCIAL SECURITY NO.					
PRESENT ADDRESS			CITY			STATE	STATE			ZIP CODE		
PERMANENT ADDRESS			CITY			STATE	STATE			CODE		
PHONE NO.	HONE NO. SECONDARY P			HONE NO.			REFERRED BY					
Employment Desired												
POSITION				DATE YOU C	AN START			SALAR	Y DESIRED			
ARE YOU EMPLOYED NOW?	======================================	NO	IF SO	, MAY WE IN	IQUIRE OF	YOUR PRESE	ENT EMPLO	YER?	YES	6	NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES	NO WHE	ERE					WHEN					
Education History												
	E & LOCATIO	N OF SC	CHOOL		YEARS ATTENDED	DID YOU GRADUATE		SI	JBJECTS ST	UDIED		
HIGH SCHOOL												
COLLEGE												
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL												
General Information SUBJECT OF SPECIAL STUDY/RESEARCH WORK												
SPECIAL TRAINING												
SPECIAL SKILLS												
U.S. MILITARY OR NAVAL SERVICE					RA	ANK						
Former Employers (LIST BELOW	LAST FOUR I	EMPLOY	'ERS, S	STARTING W	ITH LAST C	NE FIRST) =						
DATE:	E & ADDRES				SALARY	POSITIO	N	RE/	ASON FOR L	EAVING		
FROM												
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FROM												

TO

References (GIVE BELOW THE I	NAMES OF THREE PERSONS NOT RE	ELATED TO YOU, WHOM YOU HAV	E KNOWN AT LEAST ONE YEAR.)							
NAME	ADI	DRESS	BUSINESS	YEARS KNOWN						
Authorization										
"I certify that the facts contained falsified statements on this appli			knowledge and understand th	at, if employed						
I authorize investigation of all st formation concerning my previo company from all liability for any	us employment and any pertin	nent information they may h	nave, personal or otherwise, a							
I also understand and agree that specified period of time, or to ma representative.										
This waiver does not permit the Disabilities Act (ADA) and other			n a manner prohibited by the	Americans with						
I understand that a consumer of required, I understand that, in of reports and will also obtain a selectory or conviction will not auto-	ompliance with federal law, the eparate written authorization fro	company will provide me wom me to consent to these	ith a written notice regarding t	the use of these						
plete the required employment e	ligibility verification document f	form upon hire.								
DATE	SIGNATURE	SIGNATURE								
	——— Do Not Writ	te Below This Line								
DATE	INTERVIEWED BY									
Remarks										
NEATNESS		CHARACTER								
PERSONALITY		ABILITY								
HIRED FOR DEPT.	POSITION	WILL	SALARY WAGES							
APPROVED:										

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GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER