

## APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION						DATE		
NAME					SOCIAL SECUNUMBER	JRITY		
INCHIVIL	LAST	FIRST		MIDDLE	INDIVIDED			
PRESENT ADDRESS								
THEOLINI ADDITEOU	STREET	CITY		STATE	ZIP			
PERMANENT ADDRESS	3							
	STREET	CITY		STATE	ZIP			
PHONE NO.	ARE	YOU 18 YEARS O	R OLDER?	Yes 🗆	No 🗆			
ARE YOU PREVENTED IN THIS COUNTRY BEC				Yes □	No □			
EMPLOYMENT DES	SIRED		DATE YOU		SALARY			
POSITION	SITION		CAN START		DESIRED			
ARE YOU EMPLOYED N					IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
EVER APPLIED TO THIS	EVER APPLIED TO THIS COMPANY BEFORE?				WHEN?			
REFERRED BY								
EDUCATION	NAME AND LOC	CATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS	STUDIED		
GRAMMAR SCHOOL								
HIGH SCHOOL								
COLLEGE TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL SUBJECTS OF SPECIAL	L STUDY OR RES	EARCH WORK						
SPECIAL SKILLS Activities: (CIVIC ATHLETIC EXCLUDE ORGANIZATIONS, THE NA	•	S THE RACE, CREED. SEX.	AGE, MARITAL STATU	S, COLOR OR NATIO	N OF ORIGIN OF ITS	S MEMBERS.		
U. S MILITARY OR NAVAL SERVICE		RANK		PRESENT MEI	MBERSHIP IN	RVES		

<sup>\*</sup>This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

FORMER EMPLOY	reks (LIST BELC	DW LAST THREE EMPLO	YERS, START	ING WITH LAS	STONE FIRST).				
DATE	NAME AND ADI	ODESS OF EMPLOYED	SALARY	POSITION	DEACON FOR LEAVING				
MONTH AND YEAR FROM	NAME AND ADI	NAME AND ADDRESS OF EMPLOYER SAL.		POSITION	REASON FOR LEAVING				
ГО									
FROM									
ГО									
FROM									
ТО									
FROM									
ГО									
WHICH OF THESE JOBS	DID YOU LIKE BEST?	)							
WHAT DID YOU LIKE MOS	ST ABOUT THIS JOB?	)							
REFERENCES: GIV	'E THE NAMES OF TH	REE PERSONS NOT RELATED	TO YOU, WHON	I YOU HAVE KNO	OWN AT LEAST ONE YEAR.				
NAME		ADDRESS	BUSINESS		YEARS ACQUAINTED				
1									
2									
3									
IN CASE OF EMERGENCY NOTIF			S AND CIVIL LIABILITY.  Signature of Applicant						
EMERGENCY NOTIFY	NAME	ADI	DRESS		PHONE NO.				
IF ANY FALSE INFORM AM EMPLOYED. MY E IN CONSIDERATION O MY EMPLOYMENT AN TIME, AT EITHER MY EMPLOYMENT MAY E UNDERSTAND THAT I BY THE PRESIDENT, I	MATION, OMISSIONS, MPLOYMENT MAY BE DF MY EMPLOYMENT, ID COMPENSATION (COR THE COMPANY) BE CHANGED, WITH (NO COMPANY REPREHAS ANY AUTHORITY	OR MISREPRESENTATIONS A TERMINATED AT ANY TIME. I AGREE TO CONFORM TO TH CAN BE TERMINATED, WITH O S OPTION. I ALSO UNDERSTA OR WITHOUT CAUSE, AND W ESENTATIVE, OTHER THAN ITS	RE DISCOVERE HE COMPANY'S R WITHOUT CA AND AND AGRE ITH OR WITHOUS B PRESIDENT, A	D, MY APPLICAT RULES AND REG USE. AND WITH E THAT THE TE JT NOTICE, AT A ND THEN ONLY	LETE, AND I UNDERSTAND THA ION MAY BE REJECTED AND, IF BULATIONS, AND I AGREE THAT OR WITHOUT NOTICE, AT ANY RMS AND CONDITIONS OF MY ANY TIME BY THE COMPANY. I WHEN IN WRONG AND SIGNED ANY SPECIFIC PERIOD OF TIME,				
		DO NOT WRITE BELOV	V THIS LINE						
INTERVIEWED BY:					ND INTERVIEW DATE:				
REMARKS:									
NEATNESS		AB	LITY						
HIRED: Yes N	No	POSITION		DE	PT.				
SALARY/WAGE		DA	TE REPORTING	ITING TO WORK					
APPROVED:	1. 2. 3								
	ACCOUNTING MANAG	ER I	DEPT. HEAD		GENERAL 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 which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.