

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

NAME _____ DATE _____
SOCIAL SECURITY _____
LAST FIRST MIDDLE
PRESENT ADDRESS _____
STREET CITY STATE ZIP
PERMANENT ADDRESS _____
STREET CITY STATE ZIP
PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

IF SO MAY WE INQUIRE
ARE YOU EMPLOYED NOW? _____ OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

<u>EDUCATION</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u>NO. YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
<u>GRAMMAR SCHOOL</u>				
<u>HIGH SCHOOL</u>				
<u>COLLEGE</u>				
<u>TRADE, BUSINESS OR CORRESPONDENCE SCHOOL</u>				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES THE RACE, CREED, SEX AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF IT MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

<u>DATE MONTH AND YEAR</u>	<u>NAME AND ADDRESS OF EMPLOYER</u>	<u>SALARY</u>	<u>POSITION</u>	<u>REASON FOR LEAVING</u>
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS ACQUAINTED</u>
1.			
2.			
3.			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (FILL IN NAME OF STATE)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: YES NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3.

EMPLOYMENT MANAGER

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 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.