

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION			DATE:	
NAME:			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS:				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS:				
STREET		CITY	STATE	ZIP
PHONE NO.:			ARE YOU 18 YRS OR OLDER? YES [] NO []	
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?			YES [] NO []	

EMPLOYMENT DESIRED				
POSITION:		DATE YOU CAN START:	SALARIED DESIRED:	
ARE YOU EMPLOYED NOW? YES [] NO []		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES [] NO []		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES [] NO []		WHERE?	WHEN?	
REFERRED BY:				

EDUCATION	NAME & LOCATION OF SCHOOL	*NO OF YRS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

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 ITS MEMBERS	
U.S. MILITARY OR NAVAL SERVICE? YES [] NO []	RANK: PRESENT MEMBERSHIP IN NATIONAL GUARD [] RESERVE []

*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.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)				
DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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		
NAME & ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF AN EMERGENCY NOTIFY:	
NAME & ADDRESS	PHONE NUMBER

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THERE MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: YES NO POSITION: _____ DEPARTMENT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: _____

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 this inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.