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

PERSONAL INFORM	MATION				·····	=	
DATE							
			SOCIAL SECURITY				
NAMELAST	FIRST	MID	ŌLE	NUMBER		LAST	
PRESENT ADDRESS							
	STREET		CITY		STATE ZIP		
PERMANENT ADDRESS	STREET		CITY		STATE ZIP		
PHONE NO.	ARE	YOU 18	YEARS OR OLD	DER? Yes 🗆	No 🗆 🔤		
	OM LAWFULLY BECOMING EMPLOYED SE OF VISA OR IMMIGRATION STATUS?	Yes	3 🛛	No 🗆			
EMPLOYMENT DES	BIRED						
POSITION		DATE CAN S	YOU START	SA DE	SALARY DESIRED		
	RE YOU EMPLOYED NOW?			IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
ever applied to this (COMPANY BEFORE?	WHERE?		W	HEN?	FIRST	
REFERRED BY							
EDUCATION	NAME AND LOCATION OF SCHO)OL	*ND OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED		
GRAMMAR SCHOOL							
HIGH SCHOOL						S	
COLLEGE						MIDDLE	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL					. <u> </u>		
SUBJECTS OF SPECIAL S	STUDY OR RESEARCH WORK						
SPECIAL SKILLS							
ACTIVITIES: (CIVIC, ATHL	ETIC. ETC.)						
EXCLUDE ORGANIZATIONS, THE	NAME OF WHICH INDICATES THE RACE, CREED	, SEX, AGE	E, MARITAL STATUS	6, COLOR OR NATION	OF ORIGIN OF ITS MEMBERS.		
U.S. MILITARY OR NAVAL SERVICE	RANK	RANK		PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES			
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*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 EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
то				
FROM				
то				
FROM				
то				
FROM				
то			· · · · · · ·	

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					
1								
2								
3								
THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state) IT IS UNLAWFUL IN THE STATE OFTO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.								
IN CASE OF EMERGENCY NOTIFY	Signature of Applica							
NAME	ADDRESS	PHONE N	0.					
"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, AT 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."								
DO NOT WRITE BELOW THIS LINE								
INTERVIEWED BY								
REMARKS:								
NEATNESS	ABILITY							
HIRED: D Yes D No	POSITION	DEPT.						
SALARY/WAGE	DATE REPORTING TO WORK							
APPROVED: 1. EMPLOYMENT MANAGER	2. Dept. Head	3. General Man	AGER					

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.