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

PERSONAL INFORM	MATION			DATE				
		SOCIAL SECURITY NUMBER						
NAMELAST	FIRST							
PRESENT ADDRESS								
STREET		CITY		STATE		P		
PERMANENT ADDRESS				··				
DUONE NO	STREET	CITY			STATE ZIP			
PHONE NO.	AHE	100 18	YEARS OR OLD	DER? Yes 🗆 1	NO []			
ARE YOU PREVENTED FROM IN THIS COUNTRY BECAUSE	LAWFULLY BECOMING EMPLOYED OF VISA OR IMMIGRATION STATUS?	Ye	s <u>O</u>	No 🗆		} }		
EMPLOYMENT DES	IRED			<u> </u>				
		DATE	YOU	SA	LARY			
POSITION			START		SIRED			
ARE YOU EMPLOYED NO	W?	IF SO OF YO	MAY WE INQU DUR PRESENT (	IAE EMPLOYER?				
						FIRST		
EVER APPLIED TO THIS C	OMPANY BEFORE?	WHERE?		WE	WHEN?			
REFERREO BY								
EDUCATION	NAME AND LOCATION OF SCH	00L	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIE	:D		
GRAMMAR SCHOOL								
HIGH SCHOOL						<u> </u>		
COLLEGE						MIDDLE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL		· · · · · ·						
SUBJECTS OF SPECIAL S	STUDY OR RESEARCH WORK							
SPECIAL SKILLS								
ADDIVITIES, (ONAS ATINI	ino cre i							
ACTIVITIES: (CIVIC, ATHLI EXCLUDE ORGANIZATIONS, THE N	ETIG, ETG.) NAME OF WHICH INDICATES THE RACE, CREE	D, SEX, AC	E. MARITAL STATU	S. COLOR OR NATION	OF ORIGIN OF ITS MEMBE	RS		
U.S. MILITARY OR			<del></del>	PRESENT MEMI	BERSHIP IN			
NAVAL SERVICE	RANK			NATIONAL GUA	AD OR RESERVES			

\*This form has been revised to comply with the provisions of the Americans with Disablit  $\epsilon_5$  Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25 1991

FORMER EMPLOYE	RS (LIST BELOW LAS	ST THREE EMPLOYERS	STARTING W	ITH I A	ST ONE FIRST				
DATE MONTH AND YEAR									
FROM	NAME AND ADDRESS OF EMPLOYER		SALAR	Υ	POSITION RE		REASON FOR LEAVING		
TO									
FROM		<del></del>				<del> </del> -			
то									
FROM TO									
FROM			<del>- </del>	-	<del></del>				
TO									
WHICH OF THESE JOBS	DID YOU LIKE BEST?						<del></del>		
WHAT DID YOU LIKE MO					<del></del>				
REFERENCES: GIVE			ED TO YOU \	WHOM	LYOU HAVE KNOW	/NI AT I EAC	T ONE VEAD		
			T	**1101	TOO HAVE KINDY	IN AT LEAS			
NAME		ADDRESS		BUSINESS			YEARS ACQUAINTED		
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2	<u> </u>								
3									
CONDITION OF EMP						CTOR TEST IALL BE	AS A		
IN CASE OF EMERGENCY NOTIFY		Signat	ure of Applicant	;					
	NAME		DRESS		<del></del>	PHONE NO			
EMPLOYED, MY EMPLO IN CONSIDERATION OF EMPLOYMENT AND COI EITHER MY OR THE COM MAY BE CHANGED, WIT NO COMPANY REPRESI	YMENT MAY BE TERM! MY EMPLOYMENT, I AC MPENSATION CAN BE T MPANY'S OPTION. I ALS IH OR WITHOUT CAUSE ENTATIVE, OTHER THAN D ENTER INTO ANY AGE	GREE TO CONFORM TO THE TERMINATED, WITH OR WISO UNDERSTAND AND ALE, AND WITH OR WITHOUT IT'S PRESIDENT, AND THE TERMINATE FOR EMPLOYMENT FOR	HE COMPANY ITHOUT CAUS SREE THAT TH I NOTICE, AT A	S RUL SE, ANI SE TER! ANY TIM	ES AND REGULATION MAY  ES AND REGULATION  OF WITH OR WITHOLE  MS AND CONDITION  ME BY THE COMPAN  ME BY THE COMPAN	BE REJECT ONS, AND I IT NOTICE, A NS OF MY E NY, I UNDER	ED AND, IF I AM AGREE THAT MY AT ANY TIME, AT MPLOYMENT RSTAND THAT		
DATE	SIGNATURE								
		DO NOT WRITE BEL	OW THIS LI	INE					
INTERVIEWED BY					D	ATE			
_REMARKS:									
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NEATNESS				<del></del>	<del> </del>	<del></del>			
NEATIVESS			ABILITY						
HIRED: D Yes D No	)	POSITION	·		DEPT.				
SALARYMAGE		DATE REPORTING TO WORK							
APPROVED: 1.	IN TWO ATAN TAKEN	2.			3.				
EM	PLOYMENT MANAGER	DEP	. HEAD			ERAL MANA	GER		

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.