



APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

SOCIAL SECURITY NUMBER _____-_____-_____

NAME

LAST

FIRST

MIDDLE

PRESENT 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

HAVE YOU EVER BEEN IN THE ARMED FORCES?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY?

YES NO

IF YES, PLEASE EXPLAIN. _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR (1) _____ (2) _____

SALARY DESIRED _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ CAN YOU WORK NIGHTS? _____

EMPLOYMENT DESIRED: FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

DATE YOU CAN START? _____

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 IF SO, WHEN? _____

REFERRED BY:

EDUCATION	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	1. NUMBER OF YEARS COMPLETED 2. DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL			1. _____ 2. _____	
HIGH SCHOOL			1. _____ 2. _____	
COLLEGE			1. _____ 2. _____	
TRADE, BUSINESS OR CORRESPONDENCE			1. _____ 2. _____	

GENERAL1. SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK :

2. SPECIAL SKILLS:

3. 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.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

NAME & ADDRESS OF EMPLOYER	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	POSITION HELD	PAY OR SALARY
1.Name: Address: REASON FOR LEAVING (BE SPECIFIC):		FROM: TO:		
2.Name: Address: REASON FOR LEAVING (BE SPECIFIC):		FROM: TO:		
3.Name: Address: REASON FOR LEAVING (BE SPECIFIC):		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	PHONE NUMBER
1			
2			
3			

USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NO.
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AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

"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 WRONG 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 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.