APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORM	ATION		D/	ATE		
	•			OCIAL SECURITY	<u> </u>	L&S
NAME	FIRST	MIDDLE		JMBER		- -
PRESENT ADDRESS		·			·	
	STREET	CIT	,	STATE	ZIP	7
PERMANENT ADDRESS	STREET		,	STATE		
		CIT)			ŽIP	
PHONE NO.		RE YOU 18 YEARS (DROLDER Yes	<u> Noo</u>		-
BOX PRECEDING A Q	OF THE QUESTIONS IN THI DESTION, THEREBY INDICAT ICATION, OR DICTATED BY N	ING THAT THE IN	FORMATION IS	REQUIRED FOI	R A BONA FIDE	
Heightfeet	inches 🔲 Are you	prevented from lav	vfully becoming	employed in the L	J.S.?YesNo	
Weightlbs.	Date of	Birth*	······································	· · · · · · · · · · · · · · · · · · ·		FIRST
What Foreign Langua	ages do you speak fluently?		<u></u>	Read	Write	
☐ Have you been convi	cted of a felony or misdemeano	r within the last 5 y	rears?** Yes	No	Describe:	
at least 40 but less than 7 **You will not be denied en have applied.	nployment solely because of a co					
EMPLOYMENT DESI	KED	DATE YOU		SALARY		+
POSITION		CAN START		DESIRED	 	- 3
ARE YOU EMPLOYED NOW?	·	IF SO MAY W OF YOUR PRI	VE INQUIRE SENT EMPLOYE	R?		MIOO!
EVER APPLIED TO THIS COM	PANY BEFORE?	WHERE?		WHEN?		
EDUCATION	NAME AND LOCATION OF	SCHOOL	YEARS ATTENDED GRADUATE? SUBJECTS ST		SUBJECTS STUD	IED
GRAMMAR SCHOOL		<u> </u>				
HIGH SCHOOL						
COLLEGE	·					
TRADE, BUSINESS DR CORRESPONDENCE SCHOOL						
he Age Discrimination in Emplo an 70 years of age.	yment Act of 1967 prohibits disc	rimination on the ba	sis of age with re	spect to individual:	s who are at least 40	but les
DO YOU HAVE A VALII	DRIVER'S LICENSE?	YES NO	Lic	. No. #		
GENERAL						
SUBJECTS OF SPECIAL STUD	Y DR RESEARCH WORK				<u> </u>	·· ·· · · · · · · · · · · · · · · · ·
U.S. MILITARY OR				MEMBERSHIP IN		<u></u>

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FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST). DATE NAME AND ADDRESS OF EMPLOYER POSITION SALARY REASON FOR LEAVING MONTH AND YEAR FROM TO FROM TO FROM ΥQ FROM τα REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. YEARS BUSINESS **ADDRESS** NAME ACQUAINTED 2 3 PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Q No O Yes IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE: IN CASE OF **EMERGENCY NOTIFY** PHONE NO. **ADDRESS** NAME "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 THEY MAY HAVE, PERSONAL OR OTHERWISE, 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 ANY PRIOR NOTICE." SIGNATURE DATE DO NOT WRITE BELOW THIS LINE DATE INTERVIEWED BY DEPT. **POSITION** HIRED: D Yes □ No

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.

DEPT. HEAD

2.

EMPLOYMENT MANAGER

SALARY/WAGE

APPROVED: 1.

DATE REPORTING TO WORK

3.

GENERAL MANAGER