

# APPLICATION FOR EMPLOYMENT

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

## PERSONAL INFORMATION

|                   |  |        |                        |      |
|-------------------|--|--------|------------------------|------|
| NAME              |  |        |                        | DATE |
| LAST              | FIRST  | MIDDLE | SOCIAL SECURITY NUMBER |      |
| PRESENT ADDRESS   |  | CITY   | STATE                  | ZIP  |
| PERMANENT ADDRESS |  | CITY   | STATE                  | ZIP  |
| PHONE NO.         | ARE YOU 18 YEARS OR OLDER Yes <input type="checkbox"/> No <input type="checkbox"/> |        |                        |      |

LAST

FIRST

MIDDLE

## EMPLOYMENT DESIRED

|                                      |                    |  |
|--------------------------------------|--------------------|--|
| POSITION                             | DATE YOU CAN START | SALARY DESIRED                                 |
| ARE YOU EMPLOYED NOW?                |                    | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |
| EVER APPLIED TO THIS COMPANY BEFORE? | WHERE?             | WHEN?  |

| EDUCATION                                | NAME AND LOCATION OF SCHOOL | *NO. OF YEARS ATTENDED | *DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|------------------------|--------------------|------------------|
| GRAMMAR SCHOOL                           |                             |                        |                    |                  |
| HIGH SCHOOL                              |                             |                        |                    |                  |
| COLLEGE                                  |                             |                        |                    |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                             |                        |                    |                  |

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

|                                |      |  |
|--------------------------------|------|--|
| U.S. MILITARY OR NAVAL SERVICE | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |
|--------------------------------|------|--|

(CONTINUED ON OTHER SIDE)

LITHO IN U.S.A.

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

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS<br>ACQUAINTED |
|------|---------|----------|---------------------|
| 1    |         |          |                     |
| 2    |         |          |                     |
| 3    |         |          |                     |

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  Yes  No  
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"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."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

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.