APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORM	ΛΑΤΙΟΝ					
					DATE	LAST
NAME					SOCIAL SECURITY NUMBER	lΫ
	LAST	FIRST		MIDDLE	NOMBER	-
PRESENT ADDRESS						
	STREET	CITY		STATE	ZIP	7
PERMANENT ADDRESS	STREET	CITY		STATE	ZIP	-
PHONE NO.	A	RE YOU 18 YEARS OR	OLDER?	Yes 🗆	No 🗅	+
ARE YOU PREVENTED						
IN THIS COUNTRY BEC	AUSE OF VISA	OR IMMIGRATION ST	ATUS?	Yes 🗆	No 🗅	+
EMPLOYMENT DES						╡
			DATE YOU		SALARY	
POSITION			CAN START		DESIRED	FIRST
ARE YOU EMPLOYED N	OW?		IF SO MAY W OF YOUR PR		OYER?	TS
						1
EVER APPLIED TO THIS	COMPANY BE	FORE?	WHERE?		WHEN?	-
REFERRED BY						
				1		
EDUCATION	NAME AND L	OCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	, SUBJECTS STUDIED	
GRAMMAR SCHOOL						
HIGH SCHOOL						M
COLLEGE						MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL						
SUBJECTS OF SPECIAL	_ STUDY OR RE	SEARCH WORK				
SPECIAL SKILLS						
ACTIVITIES: (CIVIC ATHLE	TIC ETC.)					
EXCLUDE ORGANIZATIONS, THE NA		TES THE RACE, CREED. SEX. AC	GE, MARITAL STATUS	S, COLOR OR NATIO	N OF ORIGIN OF ITS MEMBERS.	
U. S MILITARY OR				PRESENT ME		
NAVAL SERVICE		RANK		NATIONAL GU	ARD OR RESERVES	

*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.

(CONTINUED ON OTHER SIDE)

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	ABOU	IT THIS	JOB?
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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 OF ______ TO 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.

		Signature of Applicant				
IN CASE OF		-				
EMERGENCY NOTIF	Y					
	NAME	ADDRESS	PHONE NO.			
IF ANY FALSE INFORI AM EMPLOYED. MY E IN CONSIDERATION O MY EMPLOYMENT AN TIME, AT EITHER MY EMPLOYMENT MAY B UNDERSTAND THAT I BY THE PRESIDENT, I	MATION, OMISSIONS, OR MISREPRESEN MPLOYMENT MAY BE TERMINATED AT OF MY EMPLOYMENT, I AGREE TO CONF D COMPENSATION CAN BE TERMINATE OR THE COMPANY'S OPTION. I ALSO UN E CHANGED, WITH OR WITHOUT CAUSE NO COMPANY REPRESENTATIVE, OTHE	ANY TIME. FORM TO THE COMPANY'S RULES TORM TO THE COMPANY'S RULES TO, WITH OR WITHOUT CAUSE. ANE NDERSTAND AND AGREE THAT THE AND WITH OR WITHOUT NOTICE R THAN IT'S PRESIDENT, AND THE NY AGREEMENT FOR EMPLOYMENT	E TERMS AND CONDITIONS OF MY			
DATE	SIGNATURE					
	DO NOT WF	RITE BELOW THIS LINE				
INTERVIEWED BY:	DO NOT WF	RITE BELOW THIS LINE	DATE:			
INTERVIEWED BY: REMARKS:	DO NOT WF	RITE BELOW THIS LINE	DATE:			
	DO NOT WF	RITE BELOW THIS LINE	DATE:			
	DO NOT WF	RITE BELOW THIS LINE	DATE:			
REMARKS:		ABILITY	DATE: DEPT.			
REMARKS:		ABILITY	DEPT.			
REMARKS: NEATNESS HIRED: Yes ON		ABILITY	DEPT.			

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.