

# 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

PERMANENT ADDRESS:

Street

City

State

Zip

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

Y / N

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Y / N

**EMPLOYMENT DESIRED**

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

Y / N

EVER APPLIED TO THIS COMPNAY BEFORE?

WHERE?

WHEN?

REFERRED BY?

**EDUCATION**

NAME AND LOCATION OF SCHOOL

NO. OF YEARS ATTENDED

DID YOU GRADUATE?

SUBJECTS STUDIED

GRAMMER SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR  
CORRESPNDENCE SCHOOL

**GENERAL**

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITES: (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

U.S. MILITARY OR NAVAL SERVICE: Y/N

RANK:

PRESENT MEMBERSHP IN NATIONAL GUARD OR RESERVES Y / N

\*\*This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

**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				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN ATLEAST 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 \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYEMENT OR CONTINUED EMPLOYEMENT. AN EMPLOYER WHO VIOLATES THIS LAW SCHALL BE SUBJECT TO CRIMNAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

**IN CASE OF EMERGANCY NOTIFY**

NAME	ADDRESS	PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE ANAD 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 EMPLOYEMANT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYEMENT, 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 EMPLOYEMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMNAY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY BY THE PRESIDENT, HA ANY AUTHORITY TO ENTER INTO ANY AGREEMTN FOR EMPLOYEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS	ABILITY
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HIRED Y / N POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1 2 3  
EMPLOYEMENT 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 siad form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Feederal Law.