

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER



## PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME (LAST, FIRST)		DATE OF BIRTH	SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS		CITY	STATE	ZIP
PHONE NO.	EMAIL		REFERRED BY	

## EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE TO BEGIN EMPLOYMENT
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU APPLIED FOR A POSITION WITH US BEFORE?	WHICH POSITION?

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED? Y/N	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY/NAVAL SERVICE	RANK

## FORMER EMPLOYERS

DATE/MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (Please provide three persons unrelated to you, whom you have known at least one year.)

NAME	BUSINESS	CONTACT NUMBER	ADDRESS	YEARS KNOWN

**AUTHORIZATION**

"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 and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

\_\_\_\_\_  
DATE SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_  
DATE INTERVIEWED BY

**REMARKS**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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