

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

## Personal Information

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN
YES <input type="checkbox"/> NO <input type="checkbox"/>		

## Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

## General Information

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

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

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

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

EMPLOYMENT MANAGER \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_

APPROVED: \_\_\_\_\_

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

Remarks \_\_\_\_\_

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

**Do Not Write Below This Line**

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

"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."

**Authorization**

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)**