

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER) PERSONAL INFORMATION SOCIAL SECURITY NUMBER NAME MIDDLE PRESENT ADDRESS STREET STATE PERMANENT ADDRESS STATE ARE YOU 18 YEARS OR OLDER? Yes D No D PHONE NO. ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? No D _ EMPLOYMENT DESIRED DATE YOU CAN START POSITION IF SO MAY WE INDUIRE OF YOUR PRESENT EMPLOYER? ARE YOU EMPLOYED NOW? WHEN? EVER APPLIED TO THIS COMPANY BEFORE? WHERE? REFERRED BY *NO OF YEARS ATTENDED *DID YOU GRADUATE? SUBJECTS STUDIED NAME AND LOCATION OF SCHOOL EDUCATION GRAMMAR SCHOOL HIGH SCHOOL COLLEGE TRADE, BUSINESS OR CORRESPONDENCE SCHOOL GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK SPECIAL SKILLS ACTIVITIES: (CIVIC, ATHLETIC, ETC.) EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLDR OR NATION OF ORIGIN OF ITS MEMBERS.

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

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VHAT DID YOU LIKE MO	IST ABOUT THIS JUB?				AND AT LEAST ONE VEAD	
EFERENCES: GIVE	THE NAMES OF THREE	E PERSONS NOT RELAT	ED TO YOU, WHO	OM YOU HAVE KNOW	NN AT LEAST ONE YEAR.	
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IT IS UNLAWFUL IN CONDITION OF EM		JED EMPLOYMENT. AN I IVIL BABILITY.	MPLOYER WHO V		ECTOR TEST AS A SHALL BE	
		Signs	ture of Applicant			
IN CASE OF EMERGENCY NOTIFY	NAME	A	ODRESS		PHONE NO.	
ANY FALSE INFORMATI EMPLOYED, MY EMPL IN CONSIDERATION OF EMPLOYMENT AND CO EITHER MY OR THE CO MAY BE CHANGED, W NO COMPANY REPRES HAS ANY ALTHORITY	RON, OMISSIONS. OR N DYMENT MAY BE TERM F MY EMPLOYMENT. I A DMPENSATION CAN BE IMPANY'S OPTION. I AL THI OR WITHOUT CAUS SENTATIVE, OTHER THA TO ENTER INTO ANY AG RY TO THE FOREGOING.	IISREPRESENTATIONS A INATED AT ANY TIME GREE TO CONPORM TO TERMINATED, WITH OR SO UNDERSTAND AND OND WITH OR WITHOU N 11'S PRESIDENT, AND REEMENT FOR EMPLOYS	HE COMPANY'S! WITHOUT CAUSE, AGREE THAT THE I J.T. NOTICE, AT AN	AULES AND REGULAT AND WITH OR WITHE REAMS AND CONDINA FRIME BY THE COMP WITH BY SAME AND SI	AND I UNDERSTAND THAT IF Y BE REJECTED AND, IF I AM NONS, AND I AGREE THAT MY NOTICE, AT ANY TIME, AT ONS OF MY EMPLOYMENT ANY. I UNDERSTAND THAT GNED BY THE PRESIDENT, ME, OR TO MAKE ANY	
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This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and iterpretive guidance promutgated by the EEOC on July 26, 1991. 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.