

**PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER**

LAST

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT OFFICE	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND <input type="checkbox"/> WEB SITE
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER

FIRST

MIDDLE

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE	LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE	LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE	LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

## REFERENCES

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

	NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1					
2					
3					

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

## 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."

DATE

SIGNATURE

# DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

Interviewer: The additional information that may be necessary to complete an application's record can be obtained after hiring, during a POST HIRING INTERVIEW. TOPS Form No. 3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

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.

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements verified by the Company Unless I have indicated to the contrary. I authorize the references listed on the application, as well as all other individuals the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may possess. I release all parties and persons from any and all liability for any damages that may result from furnishing such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company, as amended by the Company from time to time in its discretion. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. The President of the Company may not alter the at-will nature of my employment relationship unless he does so specifically and in writing.

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SIGNATURE OF APPLICANT

DATE

**CHECKPOINT COMMUNICATIONS, INC.**  
**EEO/AFFIRMATIVE ACTION/VETERAN DISCLOSURE FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Checkpoint is committed to EQUAL EMPLOYMENT OPPORTUNITY (EEO), AFFIRMATIVE ACTION AND VETERAN EMPLOYMENT practices. We ask that all applicants VOLUNTARILY provide the following information to monitor compliance with various governmental requirements.

Thank you for your cooperation.

CHECK ALL THAT APPLY:

MALE

FEMALE

CAUCASIAN

AMERICAN INDIAN/ALASKAN NATIVE

ASIAN or PACIFIC ISLANDER

AFRICAN-AMERICAN

OTHER

I choose not to provide the information requested

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VIETNAM ERA VETERAN

NO YES Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released with other than a dishonorable discharge or because of a service connected disability.

SPECIAL DISABLED VETERAN

NO YES Entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated 30 percent or more or rated at 10 -20 percent in the case of a veteran who has been determined under Section 156 of Title 38, U.S.C., to have a serious employment disability, or charged/released from active duty because of a service connected disability.

OTHER PROTECTED VETERANS

NO YES Veterans who served on active duty in the U.S: military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized

## JOB REQUIREMENTS

The following are a few physical job requirements for the position you are applying for *as* \_\_\_\_\_. Please indicate if you are able to meet the listed requirements.

- 1 Lift, pull or push a minimum of 50 lbs. (purchaser Only)
  - a) Lift, pull or push a minimum of 30 lbs. (All other Personnel)
- 2 Work daily for multiple hours with repetitive hand movement.
- 3 *Work* from heights
- 4 Stand and bend for long periods of time.
- 5 Read and write English
- 6 Sit for long periods of time.

Yes I can meet the above job requirements.

Yes, I can meet the above job requirements with accommodations.

No, I cannot meet the above job requirements.

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Print Applicant Name

Date

Applicant Signature