## **APPLICATION FOR EMPLOYMENT** (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORM	MATION					=	
	Date of Birth: DATE						
		SOCIAL SECURITY					
NAMELAST	FIRST	NUMBER NUMBER					
PRESENT ADDRESS	STREET		CITY				
PERMANENT ADDRESS	STREET		CITY		STATE ZIP		
PERMANENT ADDRESS	STREET	CITY		STATE		-	
PHONE NO.	ARE YOU 18 YEARS OR OLDER? Yes No						
	M LAWFULLY BECOMING EMPLOYED E OF VISA OR IMMIGRATION STATUS?	Yes	s 🗆	No 🗆		_	
	IRED	DATE	YOU	S/			
	DSITION     CAN START     DESIRED       IF SO MAY WE INQUIRE     IF SO MAY WE INQUIRE       RE YOU EMPLOYED NOW?     OF YOUR PRESENT EMPLOYER?						
EVER APPLIED TO THIS COMPANY BEFORE?			WHERE?		HEN?		
REFERRED BY							
EDUCATION	NAME AND LOCATION OF SCHO	JOL	*NO OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED		
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL SUBJECTS OF SPECIAL S	TUDY OR RESEARCH_WORK						
,							
SPECIAL SKILLS	-	- 10				÷	
ACTIVITIES: (CIVIC, ATHLE	TIC, ETC.) NAME OF WHICH INDICATES THE RACE, CREED	, SEX, AGE	, MARITAL STATUS	, COLOR OR NATION	OF ORIGIN OF ITS MEMBERS.		

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

MONTH AND YEAR     NAME AND ADDRESS OF EMPLOYER     SALARY     POSITION     REASON FOR LEAVING       FROM	FORMER EMPLO	YERS (LIST BELOW LAST	THREE EMPLOYERS, STA	ARTING WITH	I LAST ONE FIRST).						
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TO THE CHARGE AND SUBJECT TO SUBJECT THE SUBPLY ADDRESS BUSINESS ACTION AT LEAST ONE YEAR.  THERE AND ANY AND											
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FROM	FROM										
TO											
WHCH OF THESE JOBS DID YOU LIKE BEST?         WHAT DID YOU LIKE MOST ABOUT THIS JOB?         REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.         1       ADDRESS       BUSINESS       ADDRINSS         2											
WHAT DID YOU LIKE MOST ABOUT THIS JOB?       REFERENCES: Give THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.       NAME     ADDRESS     BUSINESS     ACQUAINTED       1											
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NAME         ADDRESS         BUSINESS         YEARS ACQUAINTED           1											
NAME     ADDRESS     DUSINESS     ADDLAINTED       1		/E THE NAMES OF THREE	PERSONS NOT RELATED	TO YOU, WH	IOM YOU HAVE KNOWN	AT LEAST ONE YEAR.					
2		NAME	ADDRESS		BUSINESS	YEARS ACQUAINTED					
3         THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS, (Fill in name of state)         IT IS UNLAWELL IN THE STATE OF         TO HEQUINE OR CONTINUED EMPLOYMENT. AN EMPLOYER WIN VOLLATES THIS LAW SHALL BE         SUBJECT TO CRIMINAL PENALTIES AND CWIL LIABILITY.         Signature of Applicant         IN CASE OF         MAKE         DETERMINE THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IN THUE AND COMPLETE, AND I UNDERSTAND THAT IF         ANME         ADDRESS         PHONE NO.         10 CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IN THE AND COMPLETE, AND I UNDERSTAND THAT IF         ANY FALSE ON OMESION, GO INSERPEDED ENTATIONS AND EDSCOVEDED, MY APPLICATION MAY BE REJUCTED AND, IF IAM         MAKE ADD COMPLEX NO INFORM TO THE COMPANY'S RULES AND REGULATIONS, AND LARGE THAT THE         IN CONSIDERING AND REFERENTIATIONS AND FEASIBLE AND THE PERSON ON DATH OR WITHOUT CAUSE, AND WITH OR W	1										
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IN CASE OF EMERGENCY NOTIFY     NAME     ADDRESS     PHONE NO.       "I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND 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 EMPLOYMENT IN AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND MEGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. AT ETHER MY OR THE COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT ETHER MY OR THE COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT ETHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, NO COMPANY REPRESENTATIVE, OTHER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORECOME."       DATE     SIGNATURE       DATE     SIGNATURE       INTERVIEWED BY     DATE       REMARKS:     ,       NEATNESS     ABILITY       HIRED:     Yes     NO       SALARY/WAGE     DATE REPORTING TO WORK       APPROVED:     1,     2,     3.	IT IS UNLAWFU CONDITION OF E	L IN THE STATE OF EMPLOYMENT OR CONTINU	to Ed Employment. An Emi Vil Liability.	REQUIRÈ OR / PLOYER WHO	ADMINISTER A LIE DETEC	TOR TEST AS A ALL BE					
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	SALARY/WAGE		DATE REPORTING TO WORK								
	APPROVED: 1.	EMPLOYMENT MANAGER		HEAD		ERAL 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 said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.