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

PERSONAL INFORT	MATION)ATE		
NAME	·		5	OCIAL SECURITY		LAST
LAST PRESENT ADDRESS	FIRST	MIDDLE		UMBER		\dashv
·	STREET	CIT	Y	STATE	ZIP	-
PERMANENT ADDRESS	STREET	CiT	·	STATE		
PHONE NO.	ARE		OR OLDER Yei		ZIP	
OCCUPATIONAL QUAL LEGALLY PERMISSIBLE Heightfe WeightIt What Foreign Lan	Y OF THE QUESTIONS IN THIS F QUESTION, THEREBY INDICATING IFICATION, OR DICTATED BY N E REASONS. Beet inches DS. guages do you speak fluently? Employment Act of 1967 prohibits dis years of age.	STHATTHE!	NFORMATION CURITY LAW	IS REQUIRED FO S, OR IS NEED itizen of U.S ate of Birth* ad W	OR A BONA FIDE ED FOR OTHER Yes No rite	FIRST
POSITION		DATE YOU CAN START		SALARY DESIRED		
ARE YOU EMPLOYED NOW?		IF SO MAY W OF YOUR PRE	E INQUIRE SENT EMPLOYI	ER?	· · · · · · · · · · · · · · · · · · ·	MICOLE
EVER APPLIED TO THIS COM	PANY BEFORE?	WHERE?		WHEN?		
EDUCATION	NAME AND LOCATION OF SCH	HOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUD	ED
GRAMMAR SCHOOL			-			
HIGH SCHOOL						
COLLEGE						
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					·	
e Age Discrimination in Employ in 70 years of age.	ment Act of 1967 prohibits discrimin	ation on the bas	is of age with re	spect to individuals	s who are at least 40	but le
GENERAL SUBJECTS OF SPECIAL STUD	Y OR RESEARCH WORK					
J.S. MILITARY OR JAVAL SERVICE	PANK		PRESENT NATIONAL	MEMBERSHIP IN GUARD OR RESE	DVEC	
OPS TORM 3285 (REVISED)		DIVINUED ON C	THER SIDE)	סטאווט טה אבטב	HVES	INUS

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PEEDENCES: GIVETE	HE NAMES OF THREE PERSONS	NOT BELATED TO	YOU WHOM YOU	HAVE KNOWN AT I	FAST ONE YEAR			
	IL IVAIVES OF TITALE PERSONS		700, 771071 700		YEARS			
NAME		ADDRESS		BUSINESS	ACQUAINTED			
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5					·			
3								
PHYSICAL RECORD:								
DO YOU HAVE ANY PHYSICAL LIN	AITATIONS THAT PRECLUDE YOU FE	ROM PERFORMING A	NY WORK FOR WHI	CH YOU ARE BEING CO	NSIDERED? Pes No			
PLEASE DESCRIBE:		<u>, , , , , , , , , , , , , , , , , , , </u>	·					
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IN CASE OF EMERGENCY NOTIFY								
	NAME	ADDF	RESS		PHONE NO.			
'I CERTIFY THAT THE FAI AND UNDERSTAND THAT	CTS CONTAINED IN THIS A T, IF EMPLOYED, FALSIFIED	APPLICATION AF STATEMENTS (RE TRUE AND C	COMPLETE TO THE	: BEST OF MY KNOWLEDG GROUNDS FOR DISMISSA			
AUTHORIZE INVESTIGAT	TION OF ALL STATEMENTS	CONTAINED HER	REIN AND THE P	REFERENCES LISTE	ED ABOVE TO GIVE YOU AN			
AND ALL INFORMATION PERSONAL OR OTHERW FURNISHING SAME TO Y	CONCERNING MY PREVIOUSE, AND RELEASE ALL PA	ARTIES FROM A	LL LIABILITY FO	DR ANY DAMAGE	THAT MAY RESULT FROM			
LINDERSTAND AND AG	REE THAT IE HIRED, MY E	MPLOYMENT IS	FOR NO DEFIN	NITE PERIOD AND	MAY, REGARDLESS OF TH			
DATE OF PAYMENT OF N	MY WAGES AND SALARY, E	SE LEHIVIINA LEL	I AT ANT THE	VVIINOUTANTE	HIGH NOTICE.			
DATE	SIGNATURE							
	DC	NOT WRITE	BELOW THIS	LINE				
INTERVIEWED BY					DATE			
HIRED: C Yes C No	POSITIO	N		DEPT.				
		DATE REPORTING TO WORK						
SALARY/WAGE			DATE REPORTING	TO WORK				

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.