APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information	1			DATE		·	- <u></u>		
NAME (LAST NAME FIRST)				SOCIAL	SECURITY NO	5.			
PRESENT ADDRESS		CITY		STATE		ZIP CODE			
	I							!	
PERMANENT ADDRESS		CITY	STATE			ZI	IP CODE		
PHONE NO.		 REFERRI	ED BY						
PHONE NO.								1	
		1.50					B-		
EMPLOYMENT DESIRED POSITION	en de la companya de	DATE YOU C		CAN START		DESIRED			
POSITION									
ARE YOU YES	YOU YES NO			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			YES NO		
EVER APPLIED TO THIS COMPANY BEFORE?	YES NO	WHÉRE?			W.	/HEN?			
EDUCATION HISTORY									
NAME & LO	CATION OF SCHO	OCL	A	YEARS ATTENDED	DID YO GRADUA	λΩ ATE?	SUBJE	CTS STUDIED	
GRAMMAR SCHOOL		_							
GRAWWAITOOTOOL	, 	·				-		· ·	
HIGH SCHOOL							_		
COLLEGE	-	-							
OGLEGE.	. ——							<u>·</u>	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL									
GENERAL INFORMATION									
SUBJECTS OF SPECIAL STUDY/RES WORK OR SPECIAL TRAINING/SKILL									
	., .								
U.S. MILITARY OR NAVAL SERVICE			AAN	1K					
FORMER EMPLOYERS (LIST E	BELOW LAST FOUR	EMPLOYERS, ST	ARTING WITH	LAST ONE FIF	IST)				
MONTH AND YEAR NAME	& ADDRESS OF	EMPLOYER	SALARY	POSITIO	N.	REAS	ON FOR L	LEAVING	
то			J	<u> </u> -					
FROM				:					
то		· .							
FROM			!						
FROM									
MOM		1		-					

REFERENCES GIVE BELOW THE NAMES OF TH	IREE PERSONS NOT RELATED	O YOU, WHOM YOU H	AVE KNOWN AT LEA	ST ONE YEAR
NAME	ADDRESS		BUSINESS	YEARS KNOWN
	,			
Authorization	<u> </u>			
"I certify that the facts contained in understand that, if employed, falsified so I authorize investigation of all statem give you any and all information concernate, personal or otherwise, and release utilization of such information. I also understand and agree that no refor employment for any specified period in writing and signed by an authorized. This waiver does not permit the release.	statements on this application of the contained herein and erning my previous employ ase the company from all epresentative of the compand of time, or to make any accompany representative. se or use of disability-related	n shall be grounds the references and ment and any perti liability for any dan y has any authority t preement contrary to	for dismissal. employers listed nent information to nage that may re- to enter into any ago the foregoing, un tion in a manner p	above to hey may sult from greement gless it is
by the Americans with Disabilities Act ((ADA) and other relevant tec	deral and state laws	;"	
DATESIGNA	TURE		ing the second s	
NTERVIEWED BY	•	DATE		i Julia
	NOT WRITE BELOW T			
5 01	NOT WHATE BEECH I			···
Remarks	·			
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			<u> </u>	
NEATNESS	CHARACTER			ar .
PERSONALITY	ABILITY		.*	
HIRED FOR DEPT.		ILL EPORT	SALARY WAGES	

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DEPARTMENT HEAD

GENERAL MANAGER

APPROVED: 1._

EMPLOYMENT MANAGER