APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORM	MATION						
NAME:				<u> </u>	DATE	LAST	
NAME.							
	LAST	FIRST		MIDDLE		1	
PRESENT ADDRESS	STREET	CITY		STATE Z	ΊΡ	-	
PERMANENT ADDRESS							
PERMANENT ADDRESS	STREET	CITY		STATE Z	(IP	1	
PHONE NO.	AR	E YOU 18 YEARS OR	OLDER?	Yes 🗆 🛛 🚺	No 🗅		
ARE YOU PREVENTED IN THIS COUNTRY BEC				Yes 🗆	No 🗆		
						=	
POSITION	IKED		DATE YOU CAN START		SALARY DESIRED		
ARE YOU EMPLOYED NOW?			IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			FIRST	
EVER APPLIED TO THIS COMPANY BEFORE?			WHERE?	١	WHEN?		
REFERRED BY							
EDUCATION	NAME AND LC	CATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED		
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL SUBJECTS OF SPECIAI	_ STUDY OR RES	SEARCH WORK					
SPECIAL SKILLS							
ACTIVITIES: (CIVIC ATHLE	TIC ETC.)						

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED. SEX. AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

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

> *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.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
ТО				
FROM				
ТО				
FROM				
ТО				
FROM				
ТО				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DI	D YOU L	IKE MOST	ABOUT	THIS JOB?
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REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.) IT IS UNLAWFUL IN THE STATE OF <u>MARYLAND</u> TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

		Signatu	ire of Applicant			
IN CASE OF		5				
EMERGENCY NOTI	FY					
	NAME	ADDRE	SS	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 MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER 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, AT EITHER MY OR THE COMPANY SOPTION. 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 WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.						
DATE	SIGNATURE					
	D	O NOT WRITE BELOW TH	IIS LINE			
INTERVIEWED BY:			D	ATE:		
REMARKS:						
NEATNESS		ABILIT				
	No	ABILIT		EPT.		
NEATNESS	Νο	POSITION		EPT		
NEATNESS HIRED: Yes I	No 1.	POSITION	DI	EPT.		

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.