

# Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

## Personal Information

NAME (LAST NAME FIRST) \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	SECONDARY PHONE NO.
EMAIL ADDRESS		REFERRED BY		

## Employment Desired

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO

EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK \_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

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

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: \_\_\_\_\_  
 EMPLOYMENT MANAGER                      DEPARTMENT HEAD                      GENERAL MANAGER

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