Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information		D	ATE		
NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.			
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PRESENT ADDRESS		CITY	STATE	ZIP CODE	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	
PHONE NO.	SECONDARY P	HONE NO.	REFERRED BY	a tak ata	

Employment Desired

POSITION		DATE YOU CAN START	SALARY DESIF	SALARY DESIRED	
the second s	No. A set MARTIN	and the fire of the second states			
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE INQUIR YOUR PRESENT EMPL		ARE YOU LEGALLY AUTHORIZE TO WORK IN THE U.S.?		0
EVER APPLIED TO THIS COMPANY BEFORE?	NO	ti teles (S. C	WHEN	- 260 ° 20 - 200 	

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE			Do No:	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		1.1		

General Information

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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	SALARY	POSITION	REASON FOR LEAVING
FROM				
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A-9661 / T-32851 11/2009	Application for	Empl	oyment	CONTINUED ON OTHER SIDE

11/2009

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."

DATE Remarks		Do Not Wri	ite Below Th	is Line	
		INTERVIEWED BY			
Remarks					
Ser. 6		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	. General		
NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
HIRED	FOR DEPT.	POSITION		WILL REPORT	SALARY WAGES
APPROVED:				1	
EMPLOYMENT MANAGE	ER	DEPARTMENT HEAD		GENEF	RAL MANAGER

In this application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.