



A Community of Caring People

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire - An Equal Opportunity Employer

PERSONAL INFORMATION					
DATE	SOCIAL SECURITY NUMBER	ARE YOU 18 YEARS OR OLDER?		YES (Mark X)	NO (Mark X)
NAME	LAST		FIRST	MIDDLE	
PRESENT ADDRESS	STREET	APT. #	CITY	STATE/ZIP	
PERMANENT ADDRESS	STREET	APT. #	CITY	STATE/ZIP	
E-MAIL ADDRESS	PERSONAL		WORK (IF APPLICABLE)		
PHONE NUMBER	CELL		HOME	OTHER	

EMPLOYMENT DESIRED					
POSITION	DATE YOU CAN START		SALARY DESIRED		
ARE YOU EMPLOYED NOW?	YES (Mark X)	NO (Mark X)	IF YES MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES (Mark X)	NO (Mark X)
EVER APPLIED TO THIS ORGANIZATION BEFORE?	YES (Mark X)	NO (Mark X)	WHERE?	WHEN?	
REFERRED BY					

EDUCATION				
	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL SKILLS	
ACTIVITIES: (CIVIC, ATHLETIC, 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 NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES (Mark X)	NO (Mark X)	IF YES EXPLAIN	WHEN?

THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICAN 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/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?	
WHAT DID YOU LIKE MOST ABOUT THIS JOB?	

REFERENCES				
NAME	ADDRESS	PHONE NUMBER	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 _____ 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.				
SIGNATURE OF APPLICANT				
IN CASE OF EMERGENCY NOTIFY				
NAME		ADDRESS		
PHONE NUMBER		RELATIONSHIP		
<p>"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.</p> <p>In consideration of my employment, I agree to conform to the organization'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 organization's option.</p> <p>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 organization.</p> <p>I understand that no organization representative other than its Chief Executive Officer, and then only when in writing and signed by the Chief Executive Office, 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."</p>				
DATE		SIGNATURE		
INTERVIEWED BY			DATE	
REMARKS				
NEATNESS		ABILITY		
HIRED?	YES (Mark X)	NO (Mark X)	POSITION	DEPARTMENT
SALARY	DATE REPORTING TO WORK		FULL-TIME HOURS	PART-TIME HOURS
APPROVED	1. EMPLOYMENT MANAGER	2. DEPARTMENT HEAD	3. GENERAL MANAGER	
<p>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.</p>				