



*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					

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

**GENERAL**

<b>SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK</b>	
<b>SPECIAL SKILLS</b>	
<b>ACTIVITIES: (CIVIC, ATHLETIC, ETC.)</b>	<b>Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.</b>

<b>U.S. MILITARY OR NAVAL SERVICE</b>	<b>RANK</b>	<b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b>

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

**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**

<b>DATE MONTH/YEAR</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>POSITION</b>	<b>REASON FOR LEAVING</b>
<b>FROM</b>				
<b>TO</b>				
<b>FROM</b>				
<b>TO</b>				
<b>FROM</b>				
<b>TO</b>				
<b>FROM</b>				
<b>TO</b>				

<b>WHICH OF THESE JOBS DID YOU LIKE BEST?</b>	
<b>WHAT DID YOU LIKE MOST ABOUT THIS JOB?</b>	

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.				
<b>SIGNATURE OF APPLICANT</b>				
<b>IN CASE OF EMERGENCY NOTIFY</b>				
<b>NAME</b>		<b>ADDRESS</b>		
<b>PHONE NUMBER</b>		<b>RELATIONSHIP</b>		
<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>				
<b>DATE</b>		<b>SIGNATURE</b>		
<b>INTERVIEWED BY</b>			<b>DATE</b>	
<b>REMARKS</b>				
<b>NEATNESS</b>		<b>ABILITY</b>		
<b>HIRED?</b>	<b>YES (Mark X)</b>	<b>NO (Mark X)</b>	<b>POSITION</b>	<b>DEPARTMENT</b>
<b>SALARY</b>	<b>DATE REPORTING TO WORK</b>		<b>FULL-TIME HOURS</b>	<b>PART-TIME HOURS</b>
<b>APPROVED</b>	<b>1. EMPLOYMENT MANAGER</b>	<b>2. DEPARTMENT HEAD</b>	<b>3. GENERAL MANAGER</b>	
<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>				