## Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

LAST NA

NAME (LAST NAME FIRST)			SOCIAL SECURIT	Y NO.
PRESENT ADDRESS	CITY		STATE	ZIP CODE
PERMANENT ADDRESS	СІТҮ	and Supers	STATE	ZIP CODE
PHONE NO. SECONDAF		IE NO.	REFERRED BY	

#### **Employment Desired**

POSITION		DATE YOU CAN START	SALARY DESIRED	SON
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE YOUR PRESEN	INQUIRE OF IT EMPLOYER?	ARE YOU LEGALLY AUTHORIZED YES YES	NO
EVER APPLIED TO THIS COMPANY BEFORE?		E National parameters and posterior and states a	WHEN	101
EVER WORKED FOR THIS COMPANY BEFORE?		E	WHEN	
REASON FOR LEAVING			7. Londerad	
		NAME OF LAST SUPERV AT THIS COMPANY	VISOR	VA
HOW DID YOU FIND OUT ABOUT THIS POSITION?			FRIEND ONLINE AD OTHER	

### **Education History**

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL		X		
			#	and the second se
COLLEGE		VTI		
	ana			Stan outranto
ADE, BUSINESS, OR CORRESPONDENCE SCHOOL			VICERAL CONTRACT	

### **General Information**

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
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SPECIAL TRAINING, CERTIFICATIONS, LICENSES	
	References our morecour remembers when he har compo
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.	
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# Military Service Record Have you ever served in the U.S. Armed FORCES?

	BRANCH OF SERVICE		
THE U.S. ARMED FORCES?			
DISCHARGE DATE	RANK		

## **Application for Employment**

NAME OF PRESENT OR LAST EMPLOYER	EQUAL OPPORTUR	
ADDRESS	CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL \$	MAY WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK	044	
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REASON FOR LEAVING	TAL LAS	AD UOY STAL
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
NAME OF PREVIOUS EMPLOYER	WIERV	
ADDRESS	CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK	SHOULD A MARK A PARTY	
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REASON FOR LEAVING		
TEASON FOR LEAVING		Joes Joes Joes Joes Joes Joes Joes Joes
NAME OF PREVIOUS EMPLOYER		
ADDRESS	CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
		40 85510515
WEEKLY STARTING SALARY	WEEKLY FINAL \$	MAY WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	TITLE	PHONE

### References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE
STATUS AND MANAGE			
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Special Purpose Questions	
DO NOT ANSWER <b>ANY</b> OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS <b>CHECKED THE BOX PRECE</b> THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR D NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.	
Height Feet Inches Weight Lbs. Are you a U.S. citizen? Yes No	
Have you been convicted of a Felony or Misdemeanor within the last 5 years? Yes No. Describe	
You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.	
I understand and agree that I may be required to take one or more: physical examination; drug test; lie detector test, as a condition of h ployment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, from any claim arising in connection with the use of such test(s).	
I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.	
Are you able to perform each of the following job functions with or without an accomodation?	A DEW LEMAN
JOB FUNCTION #1	Yes No
If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?	· CARADANE
JOB FUNCTION #2	Yes No
JOB FUNCTION #3	Yes No
- F	
Were you ever seriously injured? Yes No Give details.	
What foreign languages do you speak fluently?	
What foreign languages do you write fluently?	ECENTARIA
What foreign languages do you read fluently?	

#### 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."

SIGNATURE

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APPROVED 3: GENERAL MANAGEI	ni ya balanana maa				DATE			

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Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

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.