Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information	Df1			D	ATE			
NAME (LAST NAME FIRST)					SOCIAL	SECURITY N	0.	
							_	-
PRESENT ADDRESS			CITY		STATE			ZIP CODE
PERMANENT ADDRESS			CITY		STATE			ZIP CODE
PHONE NO. SECOND.			ARY PHONE NO.		REFERRED BY			
Employment Desire	d	**************						
POSITION			DATE YOU	U CAN START			SALARY DES	RIRED
ARE YOU EMPLOYED NOW? YES	No	IF SO, MAY WE IN YOUR PRESENT		YES	NO AR	E YOU LEGA WORK IN TH	LLY AUTHORIZ IE U.S.?	ZED YES NO
EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO WHERE				WHEN		
Education History								
	NAME	& LOCATION OF S	СНООГ	YEARS ATTENDED	DID YOU GRADUATE	la elle	SUBJEC	TS STUDIED
HIGH SCHOOL								
COLLEGE								
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL								
General Information	n		Annual contracts					
SUBJECT OF SPECIAL STUDY/RESEARCH WORK								
SPECIAL TRAINING								
SPECIAL SKILLS								
U.S. MILITARY OR NAVAL SER	VICE			FLAN	NK .			
Former Employers a	IST BELOW L	AST FOUR EMPLO	YERS, STARTING	G WITH LAST OF	NE FIRST) =			
DATE MONTH AND YEAR	NAME	& ADDRESS OF EN	IPLOYER	SALARY	POSITIO	ON	REASON	FOR LEAVING
FROM								
то								
FROM								
то								
FROM								
то					- 1			
FROM								
то								

A-9661 / T-32851 11/2009

Application for Employment

CONTINUED ON OTHER SIDE

	NAME	ADDF	ESS	BUSINESS	YEARS
uthorizatio	n				
		application are true and o		nowledge and understand th	at, if employe
authorize inves	stigation of all statemen rning my previous emp	ts contained herein and loyment and any pertine	the references and employ	ers listed above to give you ve, personal or otherwise, a	
also understan	d and agree that no repr	resentative of the compan	y has any authority to enter	into any agreement for emp riting and signed by an autho	
his waiver does		or use of disability-relate t federal and state laws."	d or medical information in	a manner prohibited by the	Americans wi
ATE		SIGNATURE			
DATE			Rolow This Line		
ATE			Below This Line —		
ATE			Below This Line —	THE ROLL OF THE PARTY OF THE PA	
		Do Not Write	Below This Line —	***************************************	
ATE			Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line		
ATE		Do Not Write	Below This Line —		
ATE		Do Not Write	Below This Line		
ATE		Do Not Write	Below This Line		
Remarks		Do Not Write	Below This Line —		
NEATNESS		Do Not Write			
NEATNESS PERSONALITY HIRED	FOR DEPT.	Do Not Write	CHARACTER	SALARY	

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.

GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER