## **APPLICATION FOR EMPLOYMENT**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORM	MATION			1	DATE	
NAME						AST
LAST		FIRST	MIDD	LE S	SOCIAL SECURITY NUMBER	71
PRESENT ADDRESS						
PERMANENT ADDRESS	STREET	CITY		STATE	ZIP	
	STREET	CITY		STATE Z	IP	71
PHONE NO.	AR	E YOU 18 YEARS OR	OLDER?	Yes	No	
ARE YOU PREVENTED THIS COUNTRY BECA				Yes	No	
EMPLOYMENT DES	IRED	DATE Y CAN ST	OU ART	SALARY DESIRED	)	
ARE YOU EMPLOYED N	Ves No IF SO MAY WE INQUIRE Ves No				Vos No	IRST
EVER APPLIED TO THIS	COMPANY BEF	ORE? Yes	lo WHE	RE?	WHEN?	
REFERRED BY						41
EDUCATION	NAME AND LO	CATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIE	
GRAMMAR SCHOOL						
HIGH SCHOOL						M
COLLEGE						MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL SUBJECTS OF SPECIAL	STUDY OD DES	SEADOU WORK				
SUBJECTS OF SPECIAL	STUDT OR KES	DEARON WURK				
SPECIAL SKILLS						
ACTIVITIES: (CIVIC ATHLE EXCLUDE ORGANIZATIONS, THE NA	•	ES THE RACE, CREED. SEX. AG	E, MARITAL STATUS,	COLOR OR NATION (	DF ORIGIN OF ITS MEMBERS.	
U. S MILITARY OR NAVAL SERVICE		RANK		PRESENT MEM	BERSHIP IN RD OR RESERVES	

TOPS FORM 3285 (92-8) LITHO IN U.S.A.

<sup>\*</sup>This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

FORMER EMPLOY	YERS (LIST BEL	OW LAST THREE EMPL	OYERS, STAR	TING WITH LA	ST ONE FIRST).		
DATE MONTH AND YEAR	NAME AND A	DDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING		
FROM							
ТО							
FROM							
ТО							
FROM							
TO FROM							
TO							
WHICH OF THESE JOBS	DID YOU LIKE BEST	?					
WHAT DID YOU LIKE MOS							
		HREE PERSONS NOT RELAT	ED TO YOU, WHOM	1 YOU HAVE KNO	WN AT LEAST ONE YEAR.		
NAME		ADDRESS	В	USINESS	YEARS ACQUAINTED		
1							
2							
3							
IT IS UNLAWFUL IN THE STATE OF							
EMERGENCY NOTIFY	NAME	,	ADDRESS	PHONE NO.			
IF ANY FALSE INFORM AM EMPLOYED. MY E IN CONSIDERATION O MY EMPLOYMENT AN TIME, AT EITHER MY O EMPLOYMENT MAY B UNDERSTAND THAT N BY THE PRESIDENT, F	MATION, OMISSIONS MPLOYMENT MAY B OF MY EMPLOYMENT ID COMPENSATION ( OR THE COMPANY'S E CHANGED, WITH ( NO COMPANY REPR HAS ANY AUTHORIT	E; OR MISREPRESENTATIONS E TERMINATED AT ANY TIME IT, I AGREE TO CONFORM TO CAN BE TERMINATED, WITH ( E) OPTION. I ALSO UNDERSTA OR WITHOUT CAUSE, AND WI ESENTATIVE, OTHER THAN I	ARE DISCOVEREI . THE COMPANY'S F DR WITHOUT CAUS ND AND AGREE TH TH OR WITHOUT N I'S PRESIDENT, AN	D, MY APPLICATION  RULES AND REGU  BE. AND WITH OR  HAT THE TERMS A  NOTICE, AT ANY THE  ND THEN ONLY W	ND CONDITIONS OF MY		
DATE	SIGNATURE						
		DO NOT WRITE BEL	OW THIS LINE				
INTERVIEWED BY:	INTERVIEWED BY: DATE:						
REMARKS:							
NEATNESS			ABILITY				
HIRED: Yes No	)	POSITION		DEF	РТ		
SALARY/WAGE			DATE REPORTING	TE REPORTING TO WORK			
APPROVED:	1.	2.		3			
ALLINOVED.	EMPLOYMENT MANA		DEPT. HEAD	<u> </u>	GENERAL MANAGER		

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment disc rimination. 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.