

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

LAST NAME

FIRST

MIDDLE INITIAL

Personal Information

DATE

| | | | |
|------------------------|---------------------|---------------------|----------|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. | SECONDARY PHONE NO. | REFERRED BY | |

Employment Desired

| | | |
|---|--|--|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE | WHEN |
| EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE | WHEN |
| REASON FOR LEAVING | | |
| | | NAME OF LAST SUPERVISOR AT THIS COMPANY |
| HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER | | |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE | | |

Education History

| | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | | | | |

General Information

| |
|--|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK |
| SPECIAL TRAINING, CERTIFICATIONS, LICENSES |
| SPECIAL SKILLS, FOREIGN LANGUAGES, ETC. |

Military Service Record

| | |
|---|-------------------|
| HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO | BRANCH OF SERVICE |
| DISCHARGE DATE | RANK |

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

| | | | | |
|----------------------------------|--|------------------------|-------|--|
| NAME OF PRESENT OR LAST EMPLOYER | | | | |
| ADDRESS | | CITY | STATE | ZIP |
| STARTING DATE | | LEAVING DATE | | JOB TITLE |
| WEEKLY STARTING SALARY \$ | | WEEKLY FINAL SALARY \$ | | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF SUPERVISOR | | TITLE | | PHONE |
| DESCRIPTION OF WORK | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |

| | | | | |
|---------------------------|--|------------------------|-------|--|
| NAME OF PREVIOUS EMPLOYER | | | | |
| ADDRESS | | CITY | STATE | ZIP |
| STARTING DATE | | LEAVING DATE | | JOB TITLE |
| WEEKLY STARTING SALARY \$ | | WEEKLY FINAL SALARY \$ | | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF SUPERVISOR | | TITLE | | PHONE |
| DESCRIPTION OF WORK | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |

| | | | | |
|---------------------------|--|------------------------|-------|--|
| NAME OF PREVIOUS EMPLOYER | | | | |
| ADDRESS | | CITY | STATE | ZIP |
| STARTING DATE | | LEAVING DATE | | JOB TITLE |
| WEEKLY STARTING SALARY \$ | | WEEKLY FINAL SALARY \$ | | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF SUPERVISOR | | TITLE | | PHONE |
| DESCRIPTION OF WORK | | | | |
| | | | | |
| REASON FOR LEAVING | | | | |

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

| NAME | ADDRESS | BUSINESS | PHONE |
|------|---------|----------|-------|
| | | | |
| | | | |
| | | | |

Special Purpose Questions

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY 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 hiring or continued employment. 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, agents or employees from any claim arising in connection with the use of such test(s). ☐ Yes ☐ No

☐ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. ☐ Yes ☐ No

☐ Are you able to perform each of the following job functions with or without an accommodation?

☐ Yes ☐ No

JOB FUNCTION #1 _____

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #2 _____

☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

JOB FUNCTION #3 _____

☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

☐ Were you ever seriously injured? ☐ Yes ☐ No Give details. _____

☐ What foreign languages do you speak fluently? _____

What foreign languages do you write fluently? _____

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."

DATE _____

SIGNATURE _____

Do Not Write On This Page - For Interviewer's Use Only

| | | |
|----------------|-----------|------|
| INTERVIEWED BY | | DATE |
| REMARKS | | |
| | | |
| | | |
| NEATNESS | CHARACTER | |
| PERSONALITY | ABILITY | |

| | | |
|----------------|-----------|------|
| INTERVIEWED BY | | DATE |
| REMARKS | | |
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| | | |
| NEATNESS | CHARACTER | |
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| | | |
| | | |
| NEATNESS | CHARACTER | |
| PERSONALITY | ABILITY | |

| | | | | |
|------------------------------------|-----------|----------|-------------|--------------|
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |
| APPROVED 1: EMPLOYMENT MANAGER: | | | | DATE |
| APPROVED 2: DEPARTMENT MANAGER: | | | | DATE |
| APPROVED 3: GENERAL MANAGER: | | | | DATE |

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.