

Application For Employment

(Pre-Employment Questionnaire Equal opportunity Employer)

Date:

Personal Information

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

Employment Desired

POSITION :	DATE YOU CAN START :	SALARY DESIRED :
ARE YOU EMPLOYED? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WHERE? :	WHEN? :

Education History

	NAME AND LOCATION OF SCHOOL	YEAR ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY / RESEARCH WORK :	
SPECIAL TRAINING :	
SPECIAL SKILLS :	
U.S. MILITARY OR NAVAL SERVICE :	RANK :

Former Employers

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME / ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM : To :				
FROM : To :				
FROM : To :				
FROM : To :				

References

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOME YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEAR KNOWN

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 representatives 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 below this line

DATE : ----

INTERVIEWED BY : ----

Remark

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-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
NEATNESS : -----		CHARACTER : -----		
PERSONALITY : -----		ABILITY : -----		
HIRED : -----	FOR DEPT : -----	POSITION : -----	WILL REPORT : -----	SALARY WAGES : ----- ---

Approved

EMPLOYMENT MANAGER : ----

DEPARTMENT HEAD : ----

GENERAL MANAGER : ----

This application for employment is valid 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.