APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date _____

Name (Last Name First) _____ Soc. Sec. No. _____

Address _____ Telephone _____

What kind of work are you applying for? _____

What special qualifications do you have? _____

What office machines can you operate? _____

Are you 18 years or older? Yes _____ No _____

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes _____ No _____

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A 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 _____

☐ I understand and agree that I may be required to take one or more: ☐ physical examination; ☐ lie detector test(s), 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 ☐

*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.

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____

Present membership in National Guard or Reserves _____ Date obligation ends _____

EDUCATION

SCHOOL	*NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSE	*DID YOU GRADUATE?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE		LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

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