

# APPLICATION FOR EMPLOYMENT

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

DATE \_\_\_\_\_

### PERSONAL INFORMATION

SOCIAL SECURITY NUMBER \_\_\_\_\_  
 NAME \_\_\_\_\_

LAST FIRST

MIDDLE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

STATE ZIP STREET CITY

PERMANENT ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? Yes No PHONE NO. \_\_\_\_\_

APARTMENT NO. \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

NAME ADDRESS PHONE NO.

ARE YOU EITHER A U.S. OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes \_\_\_\_\_

No \_\_\_\_\_

### EMPLOYMENT DESIRED

DATE YOU CAN START SALARY

POSITION DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN? \_\_\_\_\_

EVER WORKED FOR THIS COMPANY BEFORE? WHERE? WHEN? \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF LAST SUPERVISOR AT THIS COMPANY \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY EMPLOYMENT AGENCY NEWSPAPER ADVERTISEMENT \_\_\_\_\_

Other STATE EMPLOYMENT COLLEGE PLACEMENT \_\_\_\_\_

OFFICE SERVICE \_\_\_\_\_

WALKED IN FRIEND \_\_\_\_\_

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				

TRADE BUSINESS OR CORRESPONDENCE SCHOOL				
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**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

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STARTING DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_  
 MONTH \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ YEAR \_\_\_\_\_  
 WEEKLY STARTING SALARY \_\_\_\_\_ WEEKLY FINAL SALARY \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ MAY WE CONTACT SUPERVISOR? \_\_\_\_\_  
 NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

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STARTING DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_  
 MONTH \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ YEAR \_\_\_\_\_  
 WEEKLY STARTING SALARY \_\_\_\_\_ WEEKLY FINAL SALARY \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ MAY WE CONTACT SUPERVISOR? \_\_\_\_\_  
 NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

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STARTING DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_  
 MONTH \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ YEAR \_\_\_\_\_  
 WEEKLY STARTING SALARY \_\_\_\_\_ WEEKLY FINAL SALARY \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ MAY WE CONTACT SUPERVISOR? \_\_\_\_\_  
 NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

**SERVICE RECORD**

DATE	DISCHARGE
BRANCH OF SERVICE	RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	DATE OBLIGATION ENDS

**SPECIAL RECORD**

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

G A **BOX PRECEDING** A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSION REASONS.

G Height \_\_\_\_\_ feet \_\_\_\_\_ inches Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

G Weight \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ \* The Age

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

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU CAN, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

G WERE YOU EVER SERIOUSLY INJURED? YES NO GIVE DETAILS

G WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

G HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO DESCRIBE

G \_\_\_\_\_

G 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.

G I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.

**AUTHORIZATION**

A 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 GROUND FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.@

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE  
INTERVIEWER=S USE**

**FOR**

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED

FOR DEPT.

POSITION

SALARY

WAGES

WILL REPORT

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 INQUIRY TOPS

Form No. 3287 Employee=s Record File contains a section for this purpose, while also serving as a means for up date of employment status changes and to

hold all employment forms.

This form has been designed to strictly comply with Sate 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.