

# APPLICATION FOR EMPLOYMENT

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

## PERSONAL INFORMATION

				<b>DATE</b>
<b>NAME</b>				<b>SOCIAL SECURITY NUMBER</b>
LAST	FIRST	MIDDLE		
<b>PRESENT ADDRESS</b>				
STREET	CITY	STATE	ZIP	
<b>PERMANENT ADDRESS</b>				
STREET	CITY	STATE	ZIP	
<b>PHONE NO.</b>	<b>ARE YOU 18 YEARS OR OLDER?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>

## EMPLOYMENT DESIRED

<b>POSITION</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
<b>ARE YOU EMPLOYED NOW?</b>	<b>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>	
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>	<b>WHERE?</b>	<b>WHEN?</b>
<b>REFERRED BY</b>		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

**SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK**

**SPECIAL SKILLS**

**ACTIVITIES: (CIVIC ATHLETIC ETC.)**

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

<b>U. S MILITARY OR NAVAL SERVICE</b>	<b>RANK</b>	<b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b>
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\*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 EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license

number \_\_\_\_\_ State of issue \_\_\_\_\_ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

Is there any existing physical disability that would prevent you from performing fully the duties of the job for which you are applying?

☐ Yes ☐ No

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS

ABILITY

HIRED: ☐ Yes ☐ No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: \_\_\_\_\_

1.

2.

3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

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.