APPLICATION FOR EMPLOYMENT

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

**PERSONAL INFORMATION**

**DATE**

NAME

LAST

FIRST

CITY

MIDDLE

STATE

PRESENT ADDRESS

PERMANENT ADDRESS

PHONE NO.

STREET

STREET

ZIP

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER?

Yes ❑

No ❑

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED

IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes ❑

No ❑

**EMPLOYMENT DESIRED**

DATE YOU

CAN START

IF SO MAY WE INQUIRE

OF YOUR PRESENT EMPLOYER?

SALARY

DESIRED

POSITION

ARE YOU EMPLOYED NOW?

EVER APPLIED TO THIS COMPANY BEFORE?

REFERRED BY

WHERE?

WHEN?

\*NO OF

**EDUCATION**

HIGH SCHOOL

COLLEGE

NAME AND LOCATION OF SCHOOL

YEARS

\*DID YOU

GRADUATE?

SUBJECTS STUDIED

ATTENDED

TRADE, BUSINESS OR

CORRESPONDENCE

SCHOOL

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTlVITIES: (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.

U. S MILITARY OR

NAVAL SERVICE

PRESENT MEMBERSHIP IN

NATIONAL GUARD OR RESERVES

RANK

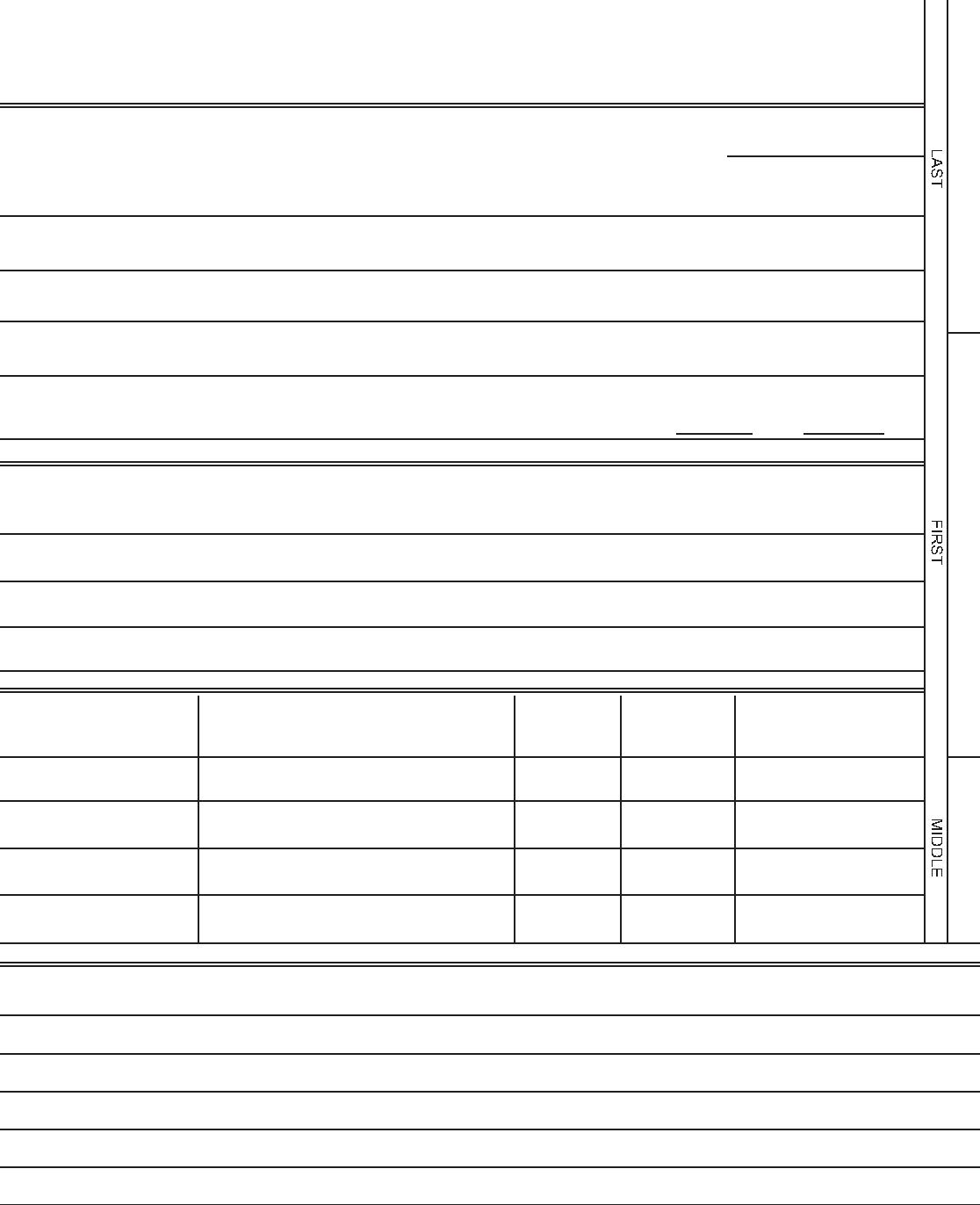
\*This form has been revised to comply with the provisions of the Americans with Disabilities Act

and the ﬁnal regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

TOPS FORM 3285 (92-8)

(CONTINUED ON OTHER SIDE)

LITHO IN U.S.A.



**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 DlD YOU LIKE BEST?

WHAT DlD 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.

YEARS

NAME

ADDRESS

BUSINESS

ACQUAINTED

1

2

3

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.)

IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST

AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL

BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF

EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT

IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I

AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT

MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY

TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY

EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I

UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED

BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME,

OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

REMARKS:

DATE:

NEATNESS

ABILITY

HIRED:

❑Yes ❑No

POSITION

DEPT.

3

SALARY/WAGE

APPROVED:

DATE REPORTING TO WORK

1.

2.

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.

