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

PERSONAL INFORMATION

DATE

EMAIL ADDRESS:

NAME

LAST  FIRST  MIDDLE

PRESENT ADDRESS

STREET  CITY  STATE  ZIP

PERMANENT ADDRESS

STREET  CITY  STATE  ZIP

PHONE NO.

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 ☐

EMPLOYMENT DESIRED

DATE YOU CAN START

SALARY DESIRED

POSITION

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

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, MARRITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

US MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*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.

TOPS FORM 3285 (89-B)

(CONTINUED ON OTHER SIDE)
**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

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<tr>
<th>DATE</th>
<th>MONTH AND YEAR</th>
<th>NAME AND ADDRESS OF EMPLOYER</th>
<th>SALARY</th>
<th>POSITION</th>
<th>REASON FOR LEAVING</th>
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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.

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<th>NAME</th>
<th>ADDRESS</th>
<th>BUSINESS</th>
<th>YEARS ACQUAINTED</th>
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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

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NO.</th>
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"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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, 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 MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE

SIGNATURE

INTERVIEWED BY

DO NOT WRITE BELOW THIS LINE

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: ☐ YES ☐ NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. 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.