APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORM	MATION						
				<u>.</u>	DATE	- 5	
NAME					SOCIAL SECURITY NUMBER	TS	
	LAST	FIRST		MIDDLE		7	
PRESENT ADDRESS							
	STREET	CITY		STATE 2	ZIP	7	
PERMANENT ADDRESS		Oltra Company				4	
	STREET	CITY		STATE 2	ZIP		
PHONE NO.	ARE YOU 18	YEARS OR	OLDER?	Yes 🗆 🔝	No 🗅	4	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes \(\text{No } \)					No 🗆		
EMPLOYMENT DES	IRED					=	
DATE YOU					SALARY		
POSITION CAN START DESIRED					DESIRED	FRS	
ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?						37	
					AGIENIO	1	
EVER APPLIED TO THIS	COMPANY BEFORE?		WHERE?		WHEN?	-	
REFERRED BY							
			<u> </u>		<u> </u>		
EDUCATION	NAME AND LOCATION C	F SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED		
GRAMMAR SCHOOL							
HIGH SCHOOL		···•··································				MIDDLE	
COLLEGE						Ĕ	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							
GENERAL							¥
SUBJECTS OF SPECIAL	STUDY OR RESEARCH	WORK			The state of the s		
SPECIAL SKILLS							
	TIC ETC \						
ACTIVITIES: (CIVIC ATHLE' EXCLUDE ORGANIZATIONS, THE N	ME OF WHICH INDICATES THE RACE	, CREED. SEX. AG	E, MARITAL STATUS	, COLOR OR NATION	OF ORIGIN OF ITS MEMBERS.		
U. S MILITARY OR NAVAL SERVICE	RANK			PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES			

*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.

PORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST). DATE MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER FROM TO FROM TO FROM TO FROM TO FROM TO FROM TO FROM							
TO	AVING						
FROM TO FROM TO							
FROM TO							
FROM TO							
ТО							
FROM							
TO							
WHICH OF THESE JOBS DID YOU LIKE BEST?	to the total to the total tota						
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	ıR.						
NAME ADDRESS BUSINESS YEARS ACQUAINTED)						
1							
2							
3							
THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.) IT IS UNLAWFUL IN THE STATE OF	TEST HALL						
IN CASE OF EMERGENCY NOTIFY Signature of Applicant Signature of Applicant							
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 INDITION, 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.							
DO NOT WRITE BELOW THIS LINE							
INTERVIEWED BY: DATE:							
REMARKS:							
NEATNESS ABILITY							
HIRED: D Yes D 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.