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

NAME  LAST FREST MCCLE  PRESENT ADDRESS  STREET CITY STATE ZIP  PERMANENT ADDRESS  STREET CITY STATE ZIP  PHONE NO. ARE YOU BY EARS OR OLDER? YES IN B ID  ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  POSITION  CAN START  DATE YOU CAN START  DESIRED  POSITION  CAN START  DESIRED  POSITION  CAN START  DESIRED  POSITION  CAN START  DESIRED  POYOUR PRESENT EMPLOYER?  EVER APPLIED TO THIS COMPANY BEFORE?  WHERE?  WHERE?  WHERE?  WHEN?  WHEN?  SUBJECTS STUDIED  GRAMMAR SCHOOL  HIGH SCHOOL  COLLEGE  TRADE, BUSINESS OR CORPORATE THE RACE, CREED. SEX. AGE, MARITAL STATUS, COLOR OR NATION OF ITS MEMBERS.	PERSONAL INFORI	MATION			DATE		
PRESENT ADDRESS  STREET  CITY  STATE  2P  PHONE NO.  ARE YOU 18 YEARS OR OLDER?  YES D NO D  ARE YOU PREVENTED FROM LAWFULLY BEDOMING EMPLOYED  IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  POSITION  DATE YOU  CAN START  ARE YOU EMPLOYED NOW?  EMPLOYMENT DESIRED  POSITION  DATE YOU  CAN START  OF YOUR PRESENT EMPLOYER?  EVER APPLIED TO THIS COMPANY BEFORE?  WHERE?  WHER	NAME		SOCIAL SECURITY				
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LLS MILITARY OR PRESENT MEMBERSHIP IN	ACTIVITIES: (CIVIC, ATHL EXCLUDE ORGANIZATIONS, THE	ETIC, ETC.) NAME OF WHICH INDICATES THE RACE, CREE	D, SEX, AG	E, MARITAL STATUS	6, COLOR OR NATION	N OF ORIGIN OF ITS MEMBERS	<del></del> 3.
NAVAL SERVICE BANK NATIONAL GUARD OR RESERVES	U.S. MILITARY OR	Aug Vinner			PRESENT MEM	BERSHIP IN	

\*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 EMPLO	YERS (LIST BELOW LAS	T THREE EMPLOYERS, 9	STARTING WITH	I LAST ONE FIRST).	
DATE MONTH AND YEAR	NAME AND ADDRI	SS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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WHICH OF THESE JO	BS DID YOU LIKE BEST?				
WHAT DID YOU LIKE	MOST ABOUT THIS JOB?		·····		
REFERENCES: GI	VE THE NAMES OF THRE	PERSONS NOT RELATE	ED TO YOU, WI	HOM YOU HAVE KNOW	VN AT LEAST ONE YEAR.
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IT IS UNLAWFUI CONDITION OF I	G STATEMENT APPLIES IN: L IN THE STATE OF EMPLOYMENT OR CONTINU MMINAL PENALTIES AND C	TI JED EMPLOYMENT. AN EI IVIL LIABILITY.	O REQUIRE OR A MPLOYER WHO	administer a lie det	ECTOR TEST AS A
IN CASE OF		Signat	ure of Applicant		
EMERGENCY NOTIFY	NAME	ADI	DRESS		PHONE NO.
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DATE	SIGNATURE				
		DO NOT WRITE BEL	OW THIS LIN	IE	
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HIRED:  Yes	1 No	POSITION		DEPT.	
SALARY/WAGE			DATE REPORTI	NG TO WORK	
APPROVED: 1.	EMPLOYMENT MANAGER	2.	T. HEAD	3. GE	NERAL 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.