Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information			D/	ATE		
NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.				
PRESENT ADDRESS		CITY		STATE		
THEOLAT ADDITEOU				UNITE		
PERMANENT ADDRESS		CITY		STATE		ZIP CODE
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ARE YOU EMPLOYED NOW? YES	NO	IF SO, MAY \	WE INQUIRE OF YO	OUR PRESENT EMP	PLOYER?	YES
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Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
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COLLEGE			38073/22	-
TRADE, BUSINESS; OR CORRESPONDENCE SCHOOL	elaw This Line	Write 2	Do Noi	

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	a			
SPECIAL TRAINING		temaries		
SPECIAL SKILLS				
U.S. MILITARY OR NAVAL SERVICE	RANK			

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY POSITION	N REASON FOR LEAVING
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References (give below the names of three persons not related to you, whom you have known at least one year.)

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Authorization

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

		COLLEGE
DATE	SIGNATURE	TIMAG, BUSINESS, OR SCHOOL

DATE		INTERVIEWED BY			
Remarks					
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APPROVED:					MORE
EMPLOYMENT M	IANAGER	DEPARTMENT HEAD		GENERAL MANAGER	100
This application fo	or employment is sold only for gen	eral use throughout the Unit	ed States. TOPS assumes no resp of local, state, and/or federal law m	oonsibility and hereby disclai ay be based. It is the user's	ms any liability for the inclusion responsibility to ensure that

this form's use complies with applicable laws, which change from time to time.