

Application for Employment with TOPS

Pre-employment Questionnaire

Date:	Social Security #	
Last Name:	First Name:	MI
Street Address:		
City:	State	Zip Code
Phone #:	Email address:	

EDUCATION:			
	Name & Location of School	Number of Years Attended	Did you graduate?
College			Yes No
Trade School			Yes No

FORMER EMPLOYERS:			
Date/Month & Year	Name & Address of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			

REFERENCES: <i>(Three Persons not related to you whom you have known at least one year?)</i>			
Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Do you have any physical limitations, which preclude you from performing any work for which you are being considered? Yes No

Please describe:

In case of emergency please notify:

Name	Address	Phone

Highlight any areas of expertise:

Days you are available for work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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, personal or Therese, 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.

Signature: