APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORM	MATION		DATE		· .			
NAME		SOCIAL SECURITY NUMBER						
PRESENT ADDRESS	FIRST MID	DLE	· vojvioci i		ST			
PERMANENT ADDRESS		CITY		STATE	ZIP			
PHONE NO.	STREET ARE YOU 18	CITY YEARS OR OLD	DER? Yes □	STATE No	ZIP			
ARE YOU PREVENTED FROM IN THIS COUNTRY BECAUSE	M LAWFULLY BECOMING EMPLOYED E OF VISA OR IMMIGRATION STATUS? Yes	No 🗆						
EMPLOYMENT DES	•	YOU START	SA DE	LARY SIRED				
ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? WHEN?								
EVER APPLIED TO THIS O	RE?	WHEN?						
REFERRED BY								
EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STU	DIED			
GRAMMAR SCHOOL								
HIGH SCHOOL					MI			
COLLEGE					MIDDLE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL SUBJECTS OF SPECIAL	STUDY OR RESEARCH WORK							
SPECIAL SKILLS								
ACTIVITIES: (CIVIC, ATHL		DE MADITAL DEATH	e coi on on Natio	N OE ODICIN OF THE MEN	AREDS			
EXCLUDE UNGANIZATIONS, THE	NAME OF WHICH INDICATES THE RACE, CREED, SEX, AC	SE, MAHITAL STATU	o, GULUH UH NAIIU	N OF UNIGIN OF HE MEN	WATUR -			
U.S. MILITARY OR NAVAL SERVICE	RANK		PRESENT MEM	BERSHIP IN RD 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.

FORMER EMPLOY	ERS (LIST BELOW LAS	T THREE EMPLOYERS,	STARTING W	ITH LAST	ONE FIRST).			
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER		SALAR	Y	POSITION	REASON	REASON FOR LEAVING	
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WHICH OF THESE JOE								
WHAT DID YOU LIKE M					·			
REFERENCES: GIVI	E THE NAMES OF THREE	E PERSONS NOT RELA	TED TO YOU,	WHOM Y	OU HAVE KNOW	'N ATLEAS	ΓONE YEAR.	
N/	AME	ADDRESS		-	BUSINESS	2 7	YEARS ACQUAINTED	
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2								
3			-					
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INTERVIEWED BY						ATE		
REMARKS:				· · · · · · · · · · · · · · · · · · ·				
NEATNESS			ABILITY					
HIRED: 🗆 Yes 🗆	No	POSITION	· · · · · · · · · · · · · · · · · · ·		DEPT.	2. ·		
SALARY/WAGE			DATE REPO	RTING TO	WORK			
_APPROVED: 1.	EMPLOYMENT MANAGER	2.	PT. HEAD		3.	VERAL MANA	AGER	

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 insaid form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.