

Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information _____ DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired _____

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

Education History _____

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information _____

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
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	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

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."

DATE _____

SIGNATURE _____

Do Not Write Below This Line

DATE _____

INTERVIEWED BY _____

Remarks

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER _____

DEPARTMENT HEAD _____

GENERAL MANAGER _____

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CIRCLE THE BEST ANSWER. THERE IS NO "WRONG" ANSWERS!

1. When do you feel your best?
 - a) In the morning
 - b) During the afternoon or early evening
 - c) Late at night

2. You usually walk....
 - a) Fairly fast, with long steps
 - b) Fairly fast, with little steps
 - c) Less fast head up, looking the world in the face
 - d) Less fast, head down
 - e) Very slowly

3. When talking to people you....
 - a) Stand with your arms folded
 - b) Have your hands clasped
 - c) Have one or both of your hands on your hips
 - d) Touch or push the person to whom you are talking to
 - e) Play with your ear, touch your chin, or smooth your hair

4. When relaxin, you sit with....
 - a) Your knees bent with your legs neatly side by side
 - b) Your legs crossed
 - c) Your legs stretched out or straight
 - d) One leg curled under you

5. When something really amuses you, you react with....
 - a) Big appreciated laugh
 - b) A laugh, but not a loud one
 - c) A quiet chuckle
 - d) A sheepish smile

6. When you go to a party or social gathering you.....
 - a) Make a loud entrance so everyone notices you
 - b) Make a quiet entrance, looking around for someone you know
 - c) Make the quietest entrance, trying to stay unnoticed

7. You're working very hard, concentrating hard, and you're interrupted...
 - a) Welcome the break
 - b) Feel extremely irritated
 - c) Vary between these two extremes

8. Which of the following colors do you like most?
 - a) Red or orange
 - b) Black
 - c) Yellow or light blue
 - d) Green
 - e) Dark blue or purple
 - f) White
 - g) Brown or gray

9. When your are in bed at night, in those last few moments before going to sleep you are.....

- a) Stretched out on your back
- b) Stretched out face down on your stomach
- c) On your side, slightly curled
- d) With your head on one arm
- e) With your head under the covers

10. You often dream that you are.....

- a) Falling
- b) Fighting or struggling
- c) Searching for something or somebody
- d) Flying or floating
- e) You usually have dreamless sleep
- f) Your dreams are always pleasant