

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>				

LAST

FIRST

MIDDLE

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Height _____ feet _____ inches Are you a U.S. citizen? Yes _____ No _____
- Weight _____ lbs. Date of Birth* _____
- What Foreign Languages do you speak fluently? _____ Read _____ Write _____
- Have you been convicted of a felony or misdemeanor within the last 5 years? ** Yes _____ No _____ Describe: _____

- I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____
- I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes _____ No _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD:DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING
CONSIDERED? Yes No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE:

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"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 LISTED ABOVE TO GIVE YOU ANY
AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSON-
AL OR OTHERWISE, 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."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL 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.

Allied Account # _____

**Applicant Authorization and Consent
For Release of Motor Vehicle Records**
(Fax request to (916) 252-2275 or (888) 378-2643)

I, _____, understand that _____ (hereafter referred to as "**Company**") will contact and enlist the services of **Allied Data Research, Inc.**, a Consumer Reporting Agency as defined in the Fair Credit Reporting Act (FCRA), as part of my employment and/or continued employment.

I understand the consumer-reporting agency will conduct an investigation which will consist of information pertaining to motor vehicle records. The result of this verification process will be used to determine employment eligibility or advancement under this **Company's** employment policies. All information is confidential and is within the guidelines of the Fair Credit Reporting Act (FCRA) and the Driver's Privacy Protection Act (DPPA).

I understand that I am entitled to a copy of the consumer report if my employment was denied based on the report (California, Minnesota, or Oklahoma) CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. 148.

I authorize **Allied Data Research, Inc.**, PO Box 73, Roseville, CA 95678-0073 Phone (888) 378-2641, and any of its agents/designated personnel, to disclose orally and in writing the results of this verification process to the designated authorized representatives of this **Company**. I have read and understood this release and consent, and authorize the driving record release.

Applicant Signature: _____ **Date:** _____

Driver License # **State** **Social Security**

Last Name **First Name** **Middle Name**

_____-_____-_____
Date of Birth
(mm/dd/yyyy)

FAX RESULTS BACK TO: _____