APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORM	MATION		ם	ATE	T.	
NAME				SOCIAL SECURITY NUMBER		LAST
LAST	FIRST	MIDDLE	INI	DIVIDEN		
PRESENT ADDRESS	STREET	CIT	Ý	STATE	ZIP	-
PERMANENT ADDRESS	(=0.0 1= 0.0)		že.			
PERIVIANENT ADDRESS	STREET	CIT	Y	STATE	ZIP	-
PHONE NO.	Α	RE YOU 18 YEARS	OR OLDER Yes	□ No□		
BOX PRECEDING A OCCUPATIONAL QUAL PERMISSIBLE REASO! Heightfee Weightlbs What Foreign Lang Have you been conv	IY OF THE QUESTIONS IN TH QUESTION, THEREBY INDICAT IFICATION, OR DICTATED BY N NS. Itinches	ING THAT THE INATIONAL SECURI' prevented from law Birth* r within the last 5 y	IFORMATION IS TY LAWS, OR IS wfully becoming years?** Yes	B REQUIRED FO B NEEDED FOR (employed in the Read	R A BONA FIDE DTHER LEGALLY U.S.?_YesNo Write Describe:	FIRST
at least 40 but less than	employment solely because of a c			1,50		
POSITION		SALARY DESIRED				
ARE YOU EMPLOYED NOW?	DATE YOU GAN START IF SO MAY WE INQUIRE OF YOUR PRESENT EMPI					MIDDLE
ARE TOO EIVIPLOTED NOVY		OF YOUR PRI	ESENT EMPLOYE	R?	- Indiana de la companya de la comp	- -
EVER APPLIED TO THIS COM	MPANY BEFORE?	WHERE?	***************************************	WHEN?		_
EDUCATION	NAME AND LOCATION OF SCHOOL		*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL			-			
HIGH SCHOOL _	,	2				
COLLEGE						
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
	loyment Act of 1967 prohibits disc	rimination on the ba	L sis of age with re	I I	ls who are at least 40) but I
GENERAL SUBJECTS OF SPECIAL STU	DY OR RESEARCH WORK			2		
U.S. MILITARY OR NAVAL SERVICE	PRESENT MEMBERSHIP IN RANK NATIONAL GUARD OR RESERVES					

TOPS FORM 3285 (84-3)

(CONTINUED ON OTHER SIDE)

LITHO IN U.S.A.

FORMER EMPLOYERS (LIST BELOW LAST FOUR 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 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 PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? □ Yes IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE: IN CASE OF EMERGENCY NOTIFY NAME ADDRESS "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, PERSONAL 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 ANY PRIOR NOTICE." DATE SIGNATURE DO NOT WRITE BELOW THIS LINE INTERVIEWED BY DATE HIRED: D Yes □ No POSITION DEPT. SALARY/WAGE DATE REPORTING TO WORK

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.

DEPT. HEAD

3.

GENERAL MANAGER

2.

EMPLOYMENT MANAGER

APPROVED: 1.