Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name:

Address: City: State: Zip:

Phone: Mobile/Pager/Other: E-mail:

Date Available to Start: Social Security Number: - - Salary Requirements:

If you are under 18 years of age, can you provide a work permit? ❑ Yes ❑ No If no, please explain:

Have you ever worked for this company? ❑ Yes ❑ No If yes, when?

Are you legally allowed to work in the United States? ❑ Yes ❑ No

Answering yes to these questions does not constitute an automatic rejection for employment.

Type of employment desired: ❑ Full-Time ❑ Part-Time ❑ Temporary ❑ Seasonal

Driver's license number (if applicable to position): State:

Education History

Name & Location of High School: Did you graduate?

Name & Location of College: Years attended:

Degrees completed: Other Subjects Studied:

Trade, Business or Correspondence School: Years attended:

Subjects Studied: Did you graduate:

Summarize Your Special Skills or Qualifications

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Previous Employment (begin with most recent position)

Dates of Employment: From____/____/____ To____/____/____ Position(s) Held:_____

Company Name_____ Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Supervisor:_____ Title:_____

Responsibilities:_____

_____

Starting Salary and Title:_____ Ending Salary and Title:_____

Reason for Leaving:_____

_____

May we contact this employer for a reference? ❑ Yes ❑ No

Dates of Employment: From____/____/____ To____/____/____ Position(s) Held:_____

Company Name_____ Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Supervisor:_____ Title:_____

Responsibilities:_____

_____

Starting Salary and Title:_____ Ending Salary and Title:_____

Reason for Leaving:_____

_____

May we contact this employer for a reference? ❑ Yes ❑ No

Dates of Employment: From____/____/____ To____/____/____ Position(s) Held:_____

Company Name_____ Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Supervisor:_____ Title:_____

Responsibilities:_____

_____

Starting Salary and Title:_____ Ending Salary and Title:_____

Reason for Leaving:_____

_____

May we contact this employer for a reference? ❑ Yes ❑ 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 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."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

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