

# 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. (      )	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <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	
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
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/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 \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**


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

APPROVED: 1. \_\_\_\_\_ EMPLOYMENT MANAGER      2. \_\_\_\_\_ DEPARTMENT HEAD      3. \_\_\_\_\_ GENERAL MANAGER

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# APPLICATION FOR EMPLOYMENT

## SOLICITUD DE EMPLEO

EQUAL OPPORTUNITY EMPLOYER  
IGUALDAD DE OPORTUNIDADES EN  
EL EMPLEO

### PERSONAL INFORMATION / INFORMACIÓN PERSONAL

DATE / FECHA \_\_\_\_\_

NAME (LAST NAME FIRST) / NOMBRE (APELLIDO PRIMERO)		SOCIAL SECURITY NO. / N° DE SEGURO SOCIAL	
PRESENT ADDRESS / DIRECCIÓN ACTUAL	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
PERMANENT ADDRESS / DIRECCIÓN PERMANENTE	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
PHONE NO. / TELÉFONO (      )	REFERRED BY / RECOMENDADO POR		

### EMPLOYMENT DESIRED / EMPLEO DESEADO

POSITION / PUESTO	DATE YOU CAN START FECHA QUE PUEDE EMPEZAR	SALARY DESIRED / SALARIO DESEADO
ARE YOU EMPLOYED NOW? ¿TRABAJA ACTUALMENTE?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? ¿ESTÁ AUTORIZADO PARA TRABAJAR LEGALMENTE EN EE.UU.?	
<input type="checkbox"/> YES SÍ <input type="checkbox"/> NO	<input type="checkbox"/> YES SÍ <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? ¿A POSTULADO A ESTA COMPA—ÍA ANTES?	WHERE? / ¿DÓNDE?	WHEN? / ¿CUÁNDO?
<input type="checkbox"/> YES SÍ <input type="checkbox"/> NO		

### EDUCATION / EDUCACIÓN

NAME & LOCATION OF SCHOOL / NOMBRE Y LUGAR DE LA ESCUELA	YEARS ATTENDED A—OS QUE ASISTIÓ	DID YOU GRADUATE? SE GRADUÓ?	SUBJECTS STUDIED RAMOS ESTUDIADOS
HIGH SCHOOL ESCUELA SECUNDARIA			
COLLEGE UNIVERSIDAD			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL ESCUELA DE OFICIOS, NEGOCIOS O POR CORRESPONDENCIA			

### GENERAL INFORMATION / INFORMACIÓN GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK / ESTUDIO ESPECIAL O TRABAJO DE INVESTIGACIÓN	
SPECIAL TRAINING / CAPACITACIÓN ESPECIAL	
SPECIAL SKILLS / APTITUDES ESPECIALES	
U.S. MILITARY SERVICE / SERVICIO MILITAR (EE.UU.)	RANK / RANGO

### FORMER EMPLOYERS / EMPLEADORES ANTERIORES BEGIN WITH MOST RECENT EMPLOYER / EMPIECE POR EL MÁS RECIENTE

DATE, MONTH AND YEAR FECHA, MES Y A—O	NAME & ADDRESS OF EMPLOYER NOMBRE Y DIRECCIÓN DEL EMPLEADOR	SALARY SALARIO	POSITION PUESTO	REASON FOR LEAVING RAZÓN DE SALIDA
FROM DESDE				
TO HASTA				
FROM DESDE				
TO HASTA				
FROM DESDE				
TO HASTA				
FROM DESDE				
TO HASTA				

**REFERENCES / REFERENCIAS**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.  
 DÉ EL NOMBRE DE TRES PERSONAS QUE NO SEAN SUS PARIENTES, Y A QUIENES CONOZCA AL MENOS UN AÑO

NAME / NOMBRE	PHONE / TELÉFONO	BUSINESS / PROFESIÓN	YEARS KNOWN A—OS QUE LO CONOCE

**AUTHORIZATION / AUTORIZACIÓN**

"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."

"Certifico que los datos contenidos en esta solicitud son a mi mejor saber y entender verdaderos y completos, y entiendo que si me emplean, las declaraciones falsas contenidas en esta solicitud serán causal de despido.

Autorizo que se indaguen todos los datos, las referencias y los empleadores contenidos en esta solicitud, con el fin de recabar información relativa a mis empleos anteriores, y toda la información pertinente, personal o de cualquier otro tipo, que los mismos pudieran aportar, y libero a la compañía de cualquier responsabilidad por cualquier daño que pudiera resultar por la utilización de dicha información.

También entiendo y acepto que ningún representante de la compañía está facultado para hacer un contrato por algún período determinado, ni para hacer un contrato contrario a lo precedente, a menos que el mismo sea por escrito y firmado por un representante autorizado de la compañía.

Esta denegación no permite la divulgación ni el uso de información médica o relacionada con discapacidades, tal como lo establece la ADA (Ley de Estadounidenses con Discapacidades) y otras leyes federales y estatales pertinentes."

DATE / FECHA \_\_\_\_\_ SIGNATURE / FIRMA \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE  
NO ESCRIBA DEBAJO DE ESTA LÍNEA**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
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APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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