## **APPLICATION FOR EMPLOYMENT**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFOR	MATION	· · · · · ·	· ————————————————————————————————————			
	•		i i tro		DATE	LAST
NIA NATE					SOCIAL SECURITY	TS
NAME	LAST	FIRST		MIDDLE	NUMBER	$\dashv$
PRESENT ADDRESS			# <sup>*</sup> -			
TRECEIT ADDITECT	STREET	CITY		STATE	ZIP	$\dashv$
PERMANENT ADDRESS	3					
	STREET	CITY		STATE	ZIP	1
PHONE NO.	AREY	OU 18 YEARS OF	R OLDER?	Yes □	No □	
ARE YOU PREVENTED IN THIS COUNTRY BEC				Yes 🗆	No 🗆	
EMPLOYMENT DES	IRED			<del></del>		=
POSITION			DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED N	OW?	<u>.</u>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			FIRST
EVER APPLIED TO THIS COMPANY BEFORE		E?	WHERE?		WHEN?	
REFERRED BY			· · · · · · · · · · · · · · · · · · ·			
EDUCATION	NAME AND LOCAT	TION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED	=
GRAMMAR SCHOOL		•				7 [
HIGH SCHOOL		·· <del>·</del>				_   <u>≤</u>
COLLEGE						MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				·		
GENERAL						
SUBJECTS OF SPECIAL	STUDY OR RESEA	KCH WORK		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	···
SPECIAL SKILLS					:	
ACTIVITIES: (CIVIC ATHLET		E RACE, CREED, SEX. AG	GE, MARITAL STATUS	COLOR OR NATION	OF ORIGIN OF ITS MEMBERS	
J. S MILITARY OR NAVAL SERVICE		RANK	<u>.</u>	PRESENT MEN		•

"This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991,

I JA I P	37/ 37 19 1			ing with las	
DATE MONTH AND YEAR	NAME AND A	DDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
ROM			3		
Q ROM	No. 4				
0					
ROM				the state of the same	and the second s
O ROM					
0			engles part and	line of the second seco	
HICH OF THESE JOBS	DID YOU LIKE BEST	Property of the second section of the second of the second of	an min na laba aiya	g mer i Sala de Paris III i la	and the second s
HAT DID YOU LIKE MOS					
	they were that he would	in the company of the		to the state of th	A TO CO. AND COMPANY THE SECURITY OF THE SECUR
EFERENCES: GIV	E THE NAMES OF TH	HREE PERSONS NOT RELATE	D TO YOU, WHO	A YOU HAVE KNO	Black Children and Same State State State
NAME		ADDRESS	В	USINESS	YEARS ACQUAINTED
1 - 2 6	大馬 计存储器 计整理线 医外管炎	And 12 不 1	人名 · 李维/朱小宝/		
2	1.00° 3.00°	12/7			HA 製造 1
	Marie Con (	TARPINE		3.0	# 1
3					<u> </u>
AS A CONDITIO	L IN THE STATE OF IN OF EMPLOYMEN	IT OR CONTINUED EMPLO			state.) ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL
AS A GONDITIO BE SUBJECT TO IN CASE OF	N OF EMPLOYMEN CRIMINAL PENALTI	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.	YMENT, AN EM	PLOYER WHO V	ER A LIE DETECTOR TEST
AS A CONDITION BE SUBJECT TO	N OF EMPLOYMEN CRIMINAL PENALTI	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.	YMENT, AN EM	PLOYER WHO V	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL
AS A CONDITION BE SUBJECT TO CONTINUE AND EMPLOYMENT AND TIME, AT EITHER MY COMPLETE MAY BE UNDERSTAND THAT NOR BY THE PRESIDENT. HE	N OF EMPLOYMEN CRIMINAL PENALTI  Y  NAME  THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY BE F MY EMPLOYMENT, O COMPENSATION O METHE COMPANY'S CHANGED, WITH O O COMPANY REPRE AS ANY AUTHORITY	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.  AL  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS A  TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH OI OPTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WIT SENTATIVE, OTHER THAN IT	YMENT, AN EMI gnature of Application is to ARE DISCOVERE HE COMPANY'S IN R WITHOUT CAU ID AND AGREE TO HE OR WITHOUT IS SPRESIDENT, AI	PLOYER WHO V ant. RUE AND COMPL D, MY APPLICATION RULES AND REGION SE, AND WITH OF HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NOT  ETE, AND LUNDERSTAND THAT ON MAY BE REJECTED AND, IF I  LATIONS, AND LAGREE THAT WITHOUT NOTICE, AT ANY AND CONDITIONS OF MY
AS A CONDITION BE SUBJECT TO B	N OF EMPLOYMEN CRIMINAL PENALTI  Y  NAME  THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY BE F MY EMPLOYMENT, O COMPENSATION O METHE COMPANY'S CHANGED, WITH O O COMPANY REPRE AS ANY AUTHORITY	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS A  TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH O OPTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WITH SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE	YMENT, AN EMI gnature of Application is to ARE DISCOVERE HE COMPANY'S IN R WITHOUT CAU ID AND AGREE TO HE OR WITHOUT IS SPRESIDENT, AI	PLOYER WHO V ant. RUE AND COMPL D, MY APPLICATION RULES AND REGION SE, AND WITH OF HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NO  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I  LATIONS, AND I AGREE THAT R WITHOUT NOTICE, AT ANY AND, CONDITIONS OF MY FIME BY THE COMPANY, I  HEN IN WRONG AND SIGNED
AS A CONDITION BE SUBJECT TO B	N OF EMPLOYMEN CRIMINAL PENALTI  MATION, OMISSIONS, MPLOYMENT MAY BE MY EMPLOYMENT, D COMPENSATION C PATHE COMPANY'S CHANGED, WITH O IO COMPANY REPRE IAS ANY AUTHORITY REEMENT CONTRAR	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS AI I TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH OI ORTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WIT SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE Y TO THE FOREGOING.	YMENT, AN EM gnature of Application is to a person the company's in a person to a person t	PLOYER WHO V ant. RUE AND COMPL D, MY APPLICATION RULES AND REGION SE, AND WITH OF HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NO  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I  LATIONS, AND I AGREE THAT R WITHOUT NOTICE, AT ANY AND, CONDITIONS OF MY FIME BY THE COMPANY, I  HEN IN WRONG AND SIGNED
AS A CONDITION BE SUBJECT TO BE SUBJECT TO BE SUBJECT TO IN CASE OF EMERGENCY NOTIFY THAT ALL IF ANY FALSE INFORM AM EMPLOYED, MY EN IN CONSIDERATION OF EMPLOYMENT AMY BE UNDERSTAND THAT NO BY THE PRESIDENT, HOR TO MAKE ANY AGEDATE	N OF EMPLOYMEN CRIMINAL PENALTI  ( NAME THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY, BE F MY EMPLOYMENT, F CHANGED, WITH O O COMPANY REPRE MS ANY AUTHORITY REEMENT CONTRAR  SIGNATURE	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS A  TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH O OPTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WITH SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE	YMENT, AN EM gnature of Application is to a person the company's in a person to a person t	PLOYER WHO V INT. RUE AND COMPL D, MY APPLICATION RULES AND REGI SE, AND WITH OS HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W OYMENT FOR AN	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NOT  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I LATIONS, AND I AGREE THAT REWITHOUT NOTICE, AT ANY AND, CONDITIONS OF MY FIME BY THE COMPANY, I LICENSIA THE COMPANY, I SPECIFIC PERIOD OF TIME,
AS A CONDITION BE SUBJECT TO BE SUBJECT TO BE SUBJECT TO IN CASE OF EMERGENCY NOTIFY  "I CERTIFY THAT ALL IF ANY FALSE INFORM AM EMPLOYED, MY EN LOYMENT AND THAT AND THE AT EITHER MY COMPLOYMENT MAY BE UNDERSTAND THAT NOW TO MAKE ANY AGE DATE  INTERVIEWED BY:	N OF EMPLOYMEN CRIMINAL PENALTI  ( NAME THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY, BE F MY EMPLOYMENT, F CHANGED, WITH O O COMPANY REPRE MS ANY AUTHORITY REEMENT CONTRAR  SIGNATURE	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS AI I TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH OI ORTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WIT SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE Y TO THE FOREGOING.	YMENT, AN EM gnature of Application is to a person the company's in a person to a person t	PLOYER WHO V ant. RUE AND COMPL D, MY APPLICATION RULES AND REGION SE, AND WITH OF HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NOT  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I LATIONS, AND I AGREE THAT REWITHOUT NOTICE, AT ANY AND, CONDITIONS OF MY FIME BY THE COMPANY, I LICENSIA THE COMPANY, I SPECIFIC PERIOD OF TIME,
AS A CONDITION BE SUBJECT TO BE SUBJECT TO BE SUBJECT TO IN CASE OF EMERGENCY NOTIFY THAT ALL IF ANY FALSE INFORM AM EMPLOYED, MY EN IN CONSIDERATION OF EMPLOYMENT AMY BE UNDERSTAND THAT NO BY THE PRESIDENT, HOR TO MAKE ANY AGEDATE	N OF EMPLOYMEN CRIMINAL PENALTI  ( NAME THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY, BE F MY EMPLOYMENT, F CHANGED, WITH O O COMPANY REPRE MS ANY AUTHORITY REEMENT CONTRAR  SIGNATURE	IT OR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS AI I TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH OI ORTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WIT SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE Y TO THE FOREGOING.	YMENT, AN EM gnature of Application is to a person the company's in a company's paresident, a company in a com	PLOYER WHO V INT. RUE AND COMPL D, MY APPLICATION RULES AND REGI SE, AND WITH OS HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W OYMENT FOR AN	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NOT  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I LATIONS, AND I AGREE THAT REWITHOUT NOTICE, AT ANY AND, CONDITIONS OF MY FIME BY THE COMPANY, I LICENSIA THE COMPANY, I SPECIFIC PERIOD OF TIME,
AS A CONDITION BE SUBJECT TO BE SUBJECT TO BE SUBJECT TO IN CASE OF EMERGENCY NOTIFY THAT ALL IF ANY FALSE INFORM AM EMPLOYED, MY EN IN CONSIDERATION O MY EMPLOYMENT MAY BE UNDERSTAND THAT N BY THE PRESIDENT, HOR TO MAKE ANY AGFORTE	N OF EMPLOYMEN CRIMINAL PENALTI  ( NAME THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY, BE F MY EMPLOYMENT, F CHANGED, WITH O O COMPANY REPRE MS ANY AUTHORITY REEMENT CONTRAR  SIGNATURE	TOR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  SUBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS A TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH OI OPTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WIT SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE Y TO THE FOREGOING.  DO NOT WRITE BELO	YMENT, AN EMI gnature of Application is the Company's in Without Cau in AND AGREE TO AND AGREE TO AND AGREE TO AND AGREE TO AGREE	PLOYER WHO V INT. RUE AND COMPL D, MY APPLICATION RULES AND REGI SE, AND WITH OS HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W OYMENT FOR AN	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NOT  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I LATIONS, AND I AGREE THAT REWITHOUT NOTICE, AT ANY AND, CONDITIONS OF MY FIME BY THE COMPANY, I LICENSIA THE COMPANY, I SPECIFIC PERIOD OF TIME,
AS A CONDITION BE SUBJECT TO SUBJECT THAT ALL IF ANY FALSE INFORM AM EMPLOYED, MY EN EMPLOYMENT AND TIME, AT EITHER MY COMPLOYMENT MAY BE UNDERSTAND THAT N BY THE PRESIDENT, HOR TO MAKE ANY AGFORT DATE  INTERVIEWED BY REMARKS:	N OF EMPLOYMEN CRIMINAL PENALTI  Y  NAME  THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY BE F MY EMPLOYMENT, O COMPENSATION O COMPENSATION O COMPENSATION O COMPANY REPRE AS ANY AUTHORITY REEMENT CONTRAR*  SIGNATURE	TOR CONTINUED EMPLO ES AND CIVIL LIABILITY.  AL  SUBMITTED BY ME ON THIS AI  OR MISREPRESENTATIONS A  TERMINATED AT ANY TIME.  I AGREE TO CONFORM TO T  AN BE TERMINATED, WITH ON  OPTION, I ALSO UNDERSTAN  R WITHOUT CAUSE, AND WITH  SENTATIVE, OTHER THAN IT  TO ENTER INTO ANY AGREE  Y TO THE FOREGOING.  DO NOT WRITE BELO  AB	YMENT, AN EM gnature of Application is to a person the company's in a company's paresident, a company in a com	PLOYER WHO V INT. RUE AND COMPL D, MY APPLICATION RULES AND REGI RULES AND REGI RULES AND REGI RULES AND REGI NOTICE, AT ANY NO THEN ONLY W OYMENT FOR AN	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NO  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I  LATIONS, AND I AGREE THAT AND CONDITIONS OF MY FIME BY THE COMPANY, J  HEN IN WRONG AND SIGNED BY SPECIFIC PERIOD OF TIME,
AS A CONDITION BE SUBJECT TO BE SUBJECT TO BE SUBJECT TO IN CASE OF EMERGENCY NOTIFY THAT ALL IF ANY FALSE INFORM AM EMPLOYED, MY EN IN CONSIDERATION O MY EMPLOYMENT MAY BE UNDERSTAND THAT N BY THE PRESIDENT, HOR TO MAKE ANY AGFORTE	N OF EMPLOYMEN CRIMINAL PENALTI  Y  NAME  THE INFORMATION S MATION, OMISSIONS, MPLOYMENT MAY BE F MY EMPLOYMENT, O COMPENSATION O COMPENSATION O COMPENSATION O COMPANY REPRE AS ANY AUTHORITY REEMENT CONTRAR*  SIGNATURE	TOR CONTINUED EMPLO ES AND CIVIL LIABILITY.  SI  UBMITTED BY ME ON THIS AI OR MISREPRESENTATIONS A TERMINATED AT ANY TIME. I AGREE TO CONFORM TO T AN BE TERMINATED, WITH O ORTION, LALSO UNDERSTAN R WITHOUT CAUSE, AND WIT SENTATIVE, OTHER THAN IT TO ENTER INTO ANY AGREE Y TO THE FOREGOING,  DO NOT WRITE BELO  AB  POSITION	YMENT, AN EMI gnature of Application is the Company's in Without Cau in AND AGREE TO AND AGREE TO AND AGREE TO AND AGREE TO AGREE	PLOYER WHO V INT. RUE AND COMPL D, MY APPLICATION RULES AND REGION SE, AND WITH OF HAT THE TERMS NOTICE, AT ANY NO THEN ONLY W OYMENT FOR AN	ER A LIE DETECTOR TEST TOLATES THIS LAW SHALL  PHONE NO  ETE, AND I UNDERSTAND THAT ON MAY BE REJECTED AND, IF I  LATIONS, AND I AGREE THAT AND CONDITIONS OF MY FIME BY THE COMPANY, J  HEN IN WRONG AND SIGNED BY SPECIFIC PERIOD OF TIME,

DEPT, HEAD

GENERAL MANAGER

EMPLOYMENT 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.