

# APPLICATION FOR EMPLOYMENT

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

an NPRI  
Company

**PERSONAL INFORMATION:**

SOCIAL SECURITY #: — — —

DATE:

NAME

PRESENT ADDRESS: [STREET/ CITY/ST/ZIP]

PERMANENT ADDRESS: [STREET/ CITY/ST/ZIP]

PHONE NO:

ARE YOU 18 YEARS OR OLDER? [ ] Yes [ ] No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? [ ] Yes [ ] No

EMPLOYMENT DESIRED:  
POSITION:

DATE YOU CAN BEGIN:

SALARY DESIRED:

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? [ ] YES [ ] NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY:

**EDUCATION:**

NAME AND LOCATION OF SCHOOL

NO OF YEARS ATTENDED

DID YOU GRADUATE?

SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OF  
CORRESPONDENCE SCHOOL

**GENERAL:**

SUBJECTS OF SPECIAL STUDY OF RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: CIVIC, ATHLETIC, HOBBIES, ETC.

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

GENERAL HEALTH: (OPTIONAL) HOW WOULD YOU RATE YOUR GENERAL HEALTH?  
[ ] EXCELLENT [ ] GOOD [ ] FAIR [ ] POOR

DO YOU HAVE A PROBLEM LIFTING?  
[ ] YES [ ] NO

DO YOU SMOKE?  
[ ] NO [ ] YES

J.S. MILITARY OR NAVAL SERVICE:

RANK:

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: [ ] YES [ ] NO

**FORMER EMPLOYERS:** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE 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				

WHICH OF THESE JOBS DID YOU LIKE BEST?  
 WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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

	NAME	PHONE #	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND AND MASSACHUSETTS. (FILL IN NAME OF STATE)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

IN CASE OF EMERGENCY NOTIFY:

\_\_\_\_\_  
 NAME STREET ADDRESS CITY ST ZIP AREA CODE / PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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

REMARKS: \_\_\_\_\_

NEATNESS: \_\_\_\_\_

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 U.S. 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.