



**PLEASE RETURN APPLICATION TO THE
BUSINESS OFFICE LOCATED AT
120 Plaza Drive Suite A1
Vestal NY 13850**

APPLICATION FOR EMPLOYMENT

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
Permanent Address:	Phone #:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you either a U.S. Citizen or an Alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

Position _____

Are you employed now? _____ If so, can we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Referred by _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

Subjects of special study or research work:

Special skills:

Activities (Civic, Athletic, etc.):

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status or nation of origin of its members.

U.S. Military Service: _____ Rank _____

Present Membership in National Guard or Reserves: _____

FORMER EMPLOYERS (list below last three employers, starting with most recent)

DATE (MONTH/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	ADDRESS	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 _____ Phone # _____

Address of Emergency Contact _____

“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 and release all parties from all liability for any damage that may result from furnishing information 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 prior notice and without cause.”

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED _____ POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL 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.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____ Date: _____

_____,
 (Applicant Name) (Social Security Number)
 has made application to this company for a position as _____
 and states that he/she was employed by you as _____

from: _____ to: _____. Would you please reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a self-addressed, stamped envelope.

Very truly yours,

Personnel/Accounting Department

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? _____ Passenger Car _____
 Bus _____ Straight truck _____ Tractor-Semi-trailer _____ Other _____
 (specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved: _____
6. Reason for leaving your employ: Discharged _____ Laid-off _____ Resigned _____
 Remarks: _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
QUALITY OF WORK					
COOPERATION WITH OTHERS					
SAFETY HABITS					
DRIVING SKILL					
ATTITUDE					

 (Detach here for your records)

You are hereby authorized to give to Crosshair Consultants of New York LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the above named company.

 (Signature)

 (Date)