



**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.):

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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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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

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

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NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

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

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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? \_\_\_\_\_

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

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 (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)