

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE		
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE		
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE		
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1					
2					
3					

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

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."

DATE

SIGNATURE

DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

Interviewer: The additional information that may be necessary to complete an application's record can be obtained after hiring, during a POST HIRING INTERVIEW. TOPS Form No. 3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

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