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Alvin, TX 77512-1699
Phone (281) 331-2739
Fax (281) 585-4295



ALICE OFFICE
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Alice, TX 78332
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CARRIZO SPRINGS OFFICE
PO Box 157
Carrizo Springs, TX 78834
Phone (830) 876-2739
Fax (830) 876-1102

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

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ ARE YOU 18 YEARS OLD 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 START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

WHO WERE YOU REFERRED BY? _____

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR				
CORRESP. SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS AND/OR CERTIFICATIONS _____

US MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

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.

(CONTINUED ON NEXT PAGE)



NOTICE TO APPLICANTS AND EMPLOYEES
Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

FORMER EMPLOYERS (LIST THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE	NAME AND PHONE# 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 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1)			
2)			
3)			

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE #

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 COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S 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 _____

HIRED YES NO POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

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 asked by the Employer of the Job Applicant, may violate State and/or Federal law.