



EMPLOYMENT APPLICATION

ATTENTION ALL JOB APPLICANTS

Illegal drugs are not welcome at this company. If you use or deal in drugs, please do not apply for work here. Job applicants may be asked to take a physical exam including a standard, medically approved substance abuse screening test. Any person who refuses or fails to pass will not be eligible for employment.

THIS EMPLOYMENT APPLICATION FORM, IT'S COMPLETENESS, LEGALITY, AND VALIDITY ANY INSTRUCTION GIVEN TO THE COMPLETION OF THE EMPLOYMENT APPLICATION THE CONTENT AND USE OF ALL INFORMATION CONTAINED ON THIS FORM IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE EMPLOYER.

Name _____ Today's Date _____

Address _____ State _____ Zip _____ Email Address _____

Social Security No. _____ - _____ - _____ Telephone # (____) _____ Check Here If over 18 _____

Have you been employed by one of our stores before? Yes _____ No _____

Position Desired: Checker _____ Freight Crew _____ Frozen _____ Meat _____ Non Foods _____ Office _____

Courteous Clerk _____ Dairy _____ Deli _____ Produce _____ Bakery _____ Any Position _____

What days are you available to work?	Sunday _____	When: _____
	Monday _____	When: _____
	Tuesday _____	When: _____
	Wednesday _____	When: _____
	Thursday _____	When: _____
	Friday _____	When: _____
	Saturday _____	When: _____

Shift Availability: (Check all that you are available) Full Time _____, Part Time _____, Days _____, Eve _____, Graveyard _____

How many weekly hours are you looking for? 15-20 _____, 20-25 _____, 25-30 _____, 30-35 _____, 35-40 _____

What length of time do you estimate being employed here for? 3 mos. _____, 6 mos. _____, 9 mos. _____, 1yr. _____, Permanently _____

When could you start work? _____

What is your expected pay? _____

Do you have any reason that would physically preclude you from performing any part of the job for which you have applied? _____

Check the highest year of schooling that you have completed: K-8 _____, 9 _____, 10 _____, 11 _____, 12 _____

Enter number of years of college completed: _____

Enter the name of your current, or most recent, school: _____

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS & VOLUNTEER ACTIVITIES

1	Employer:	Dates Employed		Position Last Held/Work Performed
		From	To	
	Address:			
	Supervisor: Phone #	Hourly Rate/Salary		
		From	To	
Reason For leaving or wanting to leave:				
2	Employer:	Dates Employed		Position Last Held/Work Performed
		From	To	
	Address:			
	Supervisor: Phone #	Hourly Rate/Salary		
		From	To	
Reason For leaving or wanting to leave:				
3	Employer:	Dates Employed		Position Last Held/Work Performed
		From	To	
	Address:			
	Supervisor: Phone #	Hourly Rate/Salary		
		From	To	
Reason For leaving or wanting to leave:				
4	Employer:	Dates Employed		Position Last Held/Work Performed
		From	To	
	Address:			
	Supervisor: Phone #	Hourly Rate/Salary		
		From	To	
Reason For leaving or wanting to leave:				

Fill in if you have ever been unemployed. This gives you the opportunity to explain any gap in your employment record. Be sure to include any volunteer work.

From		To		How did you spend your time?	How did you finance yourself?
Month	Year	Month	Year		

EQUAL OPPORTUNITY EMPLOYER

Tops Industries provides equal opportunity in all areas of employment and does not discriminate against any individual regardless of race, color, religion, sex, age disability, sexual preference, veteran status or other protected classes under federal, state or local law.

ALL APPLICANTS: This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the information contained herein is subject to verification. I understand that, if hired, my continued employment may be contingent upon the accuracy of this information. In consideration of my employment, I agree to conform to the rules and regulations of the firm and my employment and compensation can be terminated, with or without cause and with or without notice at any time at the option of either this firm or myself or in accordance with any applicable collective bargaining agreements. I understand that only the Owner of these firm has any authority to enter into any agreement to the contrary to the foregoing.

You may contact my present employer: Yes___ No___

SIGNATURE OF APPLICANT: _____