

## White Eagle Conference Center

**PO Box 679  
Hamilton, NY 13346**

### Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

**Personal Information**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
                     First                    Middle                    Last

Present Address: \_\_\_\_\_  
   Street  City  State  Zip

Permanent Address: \_\_\_\_\_  
   Street  City  State  Zip

Telephone Number: \_\_\_\_\_ Are you 18 years or older? (Circle One)      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? Yes or No    If so, may we inquire of your present employer? Yes or No

Ever applied to this company before?      Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by: \_\_\_\_\_

Education	Name & Location of School	*No. 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, Martial Status, Color or Nation of Origin of its members.

U.S. Military or Present Membership in  
 Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ 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.

**Former Employers** (List Below Last Three Employers, Starting with Last One First)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like the 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			

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

"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 anytime. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, 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

Ability

Hired: Yes or No

Position

Dept

Salary/Wage

Date Reporting to Work

Approved:

Employment Manager

Department 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 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.