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

PERSONAL INFORMATION DATE								
NAME	→ FIRST	MIC	DOLE.			LASI		
PRESENT ADDRESS								
PERMANENT ADDRESS	STREET		CITY		STATE Z	IP .		
PEHIVIANEIVI ADDRESS	STREET		CITY		_	iP -		
PHONE NO.		ARE YOU 18	YEARS OR OLD	DER? Yes 🗆	No 🗆			
	IM LAWFULLY BECOMING EMPLOY SE OF VISA OR IMMIGRATION STAT		s 🗆	No 🗆 _				
EMPLOYMENT DES	GIRED							
POSITION		DATE YOU S CAN START			ALARY DESIRED			
ARE YOU EMPLOYED NO	RE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?							
EVER APPLIED TO THIS C	WHE	RE2	W	FIRST				
REFERRED BY								
EDUCATION	NAME AND LOCATION OF S	SCHOOL	*NO OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIE	D		
GRAMMAR SCHOOL			*					
HIGH SCHOOL						ME		
COLLEGE					*	MIDDLE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	. ,							
GENERAL								
SUBJECTS OF SPECIAL S	TUDY OR RESEARCH WORK				<u> </u>			
SPECIAL SKILLS		_						
ACTIVITIES: (CIVIC, ATHLE EXCLUDE ORGANIZATIONS, THE	ETIC, ETC.) NAME OF WHICH INDICATES THE RACE, C	REED, SEX, AG	E, MARITAL STATUS	, COLOR OR NATION	OF ORIGIN OF ITS MEMBERS	i.		
U.S. MILITARY OR NAVAL SERVICE		ank	PRESENT MEMBERSHIP IN K NATIONAL GUARD OR RESERVES					

^{*}This form has been revised to comply with the provisions of the Americans with Disabilities Act and one final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.



FORMER EMPLOYER	RS (LIST BELOW LAST	THREE EMPLOYERS, S	TARTING WITH	H LAST ONE FIRST).			
DATE MONTH AND YEAR	NAME AND ADDF	RESS OF EMPLOYER	SALARY	POSITION	REASC	IN FOR LEAVING	
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TO							
FROM	~						
ТО							
WHICH OF THESE JOBS	DID YOU LIKE BEST?						
WHAT DID YOU LIKE MO	ST ABOUT THIS JOB?						
REFERENCES: GIVE T	HE NAMES OF THREE	PERSONS NOT RELATED) TO YOU, WH	HOM YOU HAVE KNO	NN AT LEAST	ONE YEAR.	
NAN	NAME AC			BUSINESS		YEARS ACQUAINTED	
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2					*		
3	88088						
ANY FALSE INFORMATION OF IN CONSIDERATION OF IN CONSIDERATION OF INFORMATION OF ITHE CONTINUATION OF THE C	ON, OMISSIONS, OR MIS IYMENT MAY BE TERMI MY EMPLOYMENT, I AG MPENSATION CAN BE T MPANY'S OPTION. I ALS TH OR WITHOUT CAUSE ENTATIVE, OTHER THAN O ENTER INTO ANY AGI	NITTED BY ME ON THIS AR SREPRESENTATIONS ARE	DISCOVERED, I E COMPANY'S /ITHOUT CAUSE REE THAT THE IT NOTICE, AT A IEN ONLY WHE	MY APPLICATION MAY RULES AND REGULAT E, AND WITH OR WITH TERMS AND CONDITINA ANY TIME BY THE CON EN IN WRITING AND S	PE REJECTED IONS, AND I A HOUT NOTICE, ONS OF MY EN APANY, I UNDI IGNED BY THE	RSTAND THAT IF DANO, IF LAM GREE THAT MY AT ANY TIME, AT MPLOYMENT ERSTAND THAT PRESIDENT,	
		DO NOT WRITE BE	LOW THIS LI	NE .		-	
INTERVIEWED BY					DATE		
REMARKS:							
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NEATNESS			ABILITY	New			
HIRED; Yes No	0	POSITION		DEPT.	······································		
SALARY/WAGE	DATE REPORTING TO WURK						
APPROVED: 1.	ADI OVA ADATE A ARATA DET	2.	T. HEAD	3.	GENERAL MAN	ACED	
Eν	JPLOYMENT MANAGER	UEF	I. HEAU		GEINEHAL IVIAIN	4UCM	

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.