

TOP-STAR, INC.

APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application will be carefully checked for accuracy. We offer equal employment opportunities for all persons without regard to race, religion, age, sex, national origin, or handicap. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for a period of 12 months from the date of application.

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
How Long at Present Address? _____ years	Position Desired?	Pay Expected?	When will you be available to begin work _____
You are applying for Full Time Part Time Temporary			Will you work overtime if asked? Yes No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No			Social Security #
Have you ever applied for employment with us? Yes No If Yes: Month and Year Location			
Have you ever been employed with us? _____ Yes _____ No If Yes: Location _____ Date Left _____ Supervisor _____ Reason for Leaving _____			
Other special training or skills (languages, machine operation, etc.).			
How did you learn about us? _____ Advertisement _____ Walk-In _____ Friend _____ _____ Employment Agency _____ Other _____ Relative _____			
Hours and Days available to work: Mon Tues Wed Thur Fri Sat Sun			
Have you ever been bonded? _____ Yes _____ No Are you over 18 years of age? _____ Yes _____ No If Yes: with what employers? _____ If not, employment is subject to verification of age.			
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annuled. Expunged, or sealed by a court? Yes No If Yes, describe in full:			
State names of relatives and friends working for us, including your spouse.			
Are you collecting Unemployment Benefits? Yes No			

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Pay Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving
May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Pay Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving
May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Pay Rate Start Last
State Job Title and Describe Your Work	Reason for Leaving
May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently on layoff status and subject to recall? Yes No

PERSONAL REFERENCES

Name	Name
Phone	Phone
Address	Address
Relationship	Relationship

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

The information provided on this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtain you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature