	IVE BELOW THE NAMES OF	THREE PERSONS NOT RELA	TED TO YOU, WHOM YOU HAVE KNO	WNATLEAST ONE YEAR.)
	NAME	ADDRI		BUSINESS YEARS KNOWN
<u>Authorization</u>				
"I certify that the fa falsified statement	acts contained in this ap is on this application sh	oplication are true and co all be grounds for dismis	mplete to the best of my knowle sal.	edge and understand that, if employed,
formation concern	ing my previous emplo	yment and any pertinen	ne references and employers li t information they may have, p zation of such information.	sted above to give you any and all in- ersonal or otherwise, and release the
I also understand a specified period of representative.	and agree that no repre time, or to make any a	sentative of the company greement contrary to the	has any authority to enter into foregoing, unless it is in writing	any agreement for employment for any and signed by an authorized company
This waiver does r Disabilities Act (AC	not permit the release on DA) and other relevant	or use of disability-related rederal and state laws.	l or medical information in a ma	nner prohibited by the Americans with
required, I unders reports and will als	tand that, in complianc so obtain a separate v	e with federal law, the co	mpany will provide me with a w me to consent to these report	o my employment. If such reports are ritten notice regarding the use of these s. I also understand that a poor credit
in compliance with plete the required (ı federal law, all person employment eligibility \	s hired will be required to erification document forr	o verify identity and eligibility to n upon hire.	work in the United States and to com-
DATE		SIGNATURE		
		Do Not Write i	Below This Line	
DATE		INTERVIEWED BY	A PARTITION OF THE PART	
Remarks				
	WHAT I THE TOTAL THE TAXABLE PARTY.	n arrangement palantages across	The state of the s	
				STEP CONTROL OF THE C
NEATNESS			CHARACTER	
			CHARACTER ABILITY	
NEATNESS PERSONALITY HIRED	FOR DEPT.			SALARY

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable faws, which change from time to time.

GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER