

## TOPS MARKET APPLICATION FOR EMPLOYMENT

Tops Market is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INF	ORMATION:						
Name: Date:							9-0jak
Address:	4-78-51-31-31				2-22/15-23/1-23		
City:	State:	8-43-45	Zip:	I	Phone:	4-14-14-2	
APPLICANT QUESTIO	NS:						
Type of worked desired:	Salary desired: Date Ava					ilable:	
If hired, can you provide doo	cuments required to	o establish you	r eligibility to v	vork in the	U.S.?	Yes	No
Are you 16 years of age or o	lder?					Yes	No
Are you 18 years of age or older? (Required minimum age for Deli position)						Yes	No
Have you ever been convicte violation?	ed of, or pled guilt	y or no contes	t to, a crime oth	ner than a n	ninor traffic	Yes	No
Have you even been convict	ed of a misdemear	nor or crime?				Yes	No
If yes, please explain in deta nature of the offense. This ir information will. Factors suc will be taken into account.	formation will no	t necessarily d	isqualify you fr	om employ	ment but fals	se or misleadir	ng
EDUCATION:							
High School or last grade co	mpleted:						
Name & Town of School: _							
Did you Graduate?							
College or Technical School							
Name & City of School:							
Course of Study:			Numb	oer of year	s completed:		
Degree/Diploma:							

## List positions starting with most recent: **Employer** Telephone: Address: Supervisor: Position Title: Start Date: Date Left: Beginning Salary: Ending Salary: Duties: Employer: Telephone: Address: Position Title: Supervisor: Start Date: Date Left: Beginning Salary: Ending Salary: Duties: Reason for Leaving: Telephone: Employer Address: Position Title: Supervisor: Date Left: Start Date: Beginning Salary: Ending Salary: Duties: Reason for Leaving: WORK-RELATED REFERENCES: (Do not include relatives) Name Occupation Years Known Contact Information 1. 2. STATEMENT (Please read this statement carefully before signing this application): I understand that employment with Tops Market is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that the Company may require the successful completion of a drug and/or alcohol test as a condition of employment. I understand this application will be active for a period of 30 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire. I understand that all employees are required to work at least one (1) weekend day. Signature of Applicant: Date Signed:

RECORD OF EMPLOYMENT: