



NORTHEND TRUCK EQUIPMENT, LLC

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

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY NUMBER: _____ EMAIL: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY
STATE _____ ZIP _____

PERMANENT ADDRESS _____
STREET CITY
STATE _____ ZIP _____

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER 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: _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: _____

EVER APPLIED TO THIS COMPANY BEFORE: _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION

HIGH SCHOOL: _____
NO. OF YEARS ATTENDED DID YOU GRADUATE

TRADE, BUSINESS
OR OTHER 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 ORGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING	PHONE
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: _____ GIVE THE NAME OF THREE PEOPLE WHO ARE NOT RELATED TO YOU.

	NAME	PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

WHICH OF THESE JOBS DID YOU LIKE BEST: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB: _____

IN CASE OF EMERGENCY NOTIFY: _____
 NAME ADDRESS
 PHONE NUMBER _____

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 ANY TIME.

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 FORGEOING.

DATE SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED: [] YES [] NO POSITION _____ DEPT. _____

SALARY/WAGE: _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD

GENERAL MANAGER _____

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 QUEST WHICH,