

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

		DATE	
NAME		#SSN	
LAST	FIRST		
PRESENT ADDRESS			

EMAIL	PHONE NUMBER	ARE YOU 18 YEAR 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?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	'NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE 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. MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

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

DATE MONTH AND YEAR	NAME OF EMPLOYER	STARTING SALARY	ENDING SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	NUMBER/EMAIL	BUSINESS	YEARS ACQUAINTED/RELATIONSHIP
1				
2				
3				

Signature of Applicant _____

IN CASE OF
EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.
------	---------	-----------

"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 ITS PRESIDENT, AND THEN ONLY WHEN IN WRONG 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 FOREGOING.

DATE SIGNATURE

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.

3030 W. Silver Springs Blvd. Ocala FL 34475 P: 888.888.6625 F: 352.629.1547

DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document, Raney's Inc discloses to you that a background check may be obtained for employment purposes as part of the pre-employment screening process and at any time during your employment or affiliation.
2. This shall authorize the procurement of a background check by a government agency or other sources as part of the prescreening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I also authorize the procurement of a background check and understand that it may contain information about my employment and educational background, criminal history, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

Applicant's Signature_____

Print Name_____

Date_____Other Names Used_____

Social Security Number_____/_____/_____Date of Birth_____

Driver's License #_____State_____

Current Address_____

Zip Code_____Previous address_____

City/Town_____State_____Zip_____