



MAINTENANCE DEPARTMENT
APPLICATION FOR EMPLOYMENT

(pre-employment questionnaire)

(an equal opportunity employer)

PERSONAL INFORMATION

Date _____

NAME _____ SS # _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE # _____

DO YOU HAVE A VALID MASS. DRIVER'S LISCENCE? YES ___ NO ___

DO YOU HAVE YOUR OWN TRANSPORTAION? YES ___ NO ___

MAKE AND MODEL OF YOUR VEHICLE _____

LISCENSE PLATE # _____ INSURANCE COMPANY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ WAGE DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER _____

DO YOU DESIRE FULL OR PART TIME EMPLOYMENT? _____

LIST AND BRIEFLY EXPLAIN YOUR SKILLS; PAINTING, PLUMBING, CARPENTRY,ETC. _____

GOLDBERG PROPERTIES

FORMER EMPLOYERS (List below last three employers, starting with last one first)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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FROM _____
TO _____

FROM _____
TO _____

FROM _____
TO _____

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
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1 _____

2 _____

3 _____

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

YES _____ NO _____

PLEASE
DESCRIBE _____

IN CASE OF EMERGENCY
NOTIFY _____

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

GOLDBERG PROPERTIES

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.”

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED
BY _____ DATE _____

HIRED: _____ YES _____ NO POSITION _____ DEPT. _____

SALARY/WAGE _____ START DATE _____

APPROVED: 1 _____ 2. _____ 3. _____

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 question which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.