



Tops Markets, LLC strives to employ the best qualified people, to provide equal opportunities for the advancement of all associates, including promotion and training, and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex, age, national origin, marital status, disability, sexual orientation, genetic information, gender identity, or any other characteristic protected by law.

Rev. 1/10  
Tops Markets, LLC

Date: \_\_\_\_\_

### EMPLOYMENT APPLICATION

#### BASIC INFORMATION (Print in Ink)

Social Security Number \_\_\_\_\_  
Full Name (First, Middle Initial, Last) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone with Area Code \_\_\_\_\_ E-mail Address \_\_\_\_\_  
If you previously have been known by any other name(s) under which records may be kept, please list \_\_\_\_\_

Are you currently authorized to work in the United States?  Yes  No  
Do you or will you in the future require sponsorship for a work visa?  Yes  No  
**Note:** All applicants hired by Tops Markets, LLC will be required to present documentation that verifies identity and authorization to work in the United States in accordance with the Immigration Reform and Control Act of 1986.  
Are you under 18 years of age?  Yes  No If yes, can you furnish a work permit if required?  Yes  No  
Were you ever employed by any other company owned or operated by Tops Markets, LLC  Yes  No  
If yes, date(s) employed: \_\_\_\_\_ Location(s): \_\_\_\_\_  
Have you ever filed an application for employment at this company before?  Yes  No If yes, date \_\_\_\_\_  
Do you have friends/relatives employed by this company?  Yes  No  
If yes, please indicate names/locations: \_\_\_\_\_  
How did you learn of this opportunity?  Advertisement  TV  Internet  Job fair  
(Choose only one)  Company Associate  Radio  In-store sign  Other

TYPE OF POSITION SOUGHT Position(s) desired or area(s) of interest: 1. _____ 2. _____ When can you start? Date: _____	Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Hours available: <input type="checkbox"/> Any Time/Any Day																																	
		<table border="1"><thead><tr><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th><th>Saturday</th><th>Sunday</th></tr></thead><tbody><tr><td><input type="checkbox"/> Morning</td><td><input type="checkbox"/> Morning</td><td><input type="checkbox"/> Morning</td><td><input type="checkbox"/> Morning</td><td><input type="checkbox"/> Morning</td><td><input type="checkbox"/> Morning</td><td><input type="checkbox"/> Morning</td></tr><tr><td><input type="checkbox"/> Afternoon</td><td><input type="checkbox"/> Afternoon</td><td><input type="checkbox"/> Afternoon</td><td><input type="checkbox"/> Afternoon</td><td><input type="checkbox"/> Afternoon</td><td><input type="checkbox"/> Afternoon</td><td><input type="checkbox"/> Afternoon</td></tr><tr><td><input type="checkbox"/> Evening</td><td><input type="checkbox"/> Evening</td><td><input type="checkbox"/> Evening</td><td><input type="checkbox"/> Evening</td><td><input type="checkbox"/> Evening</td><td><input type="checkbox"/> Evening</td><td><input type="checkbox"/> Evening</td></tr><tr><td><input type="checkbox"/> Anytime</td><td><input type="checkbox"/> Anytime</td><td><input type="checkbox"/> Anytime</td><td><input type="checkbox"/> Anytime</td><td><input type="checkbox"/> Anytime</td><td><input type="checkbox"/> Anytime</td><td><input type="checkbox"/> Anytime</td></tr></tbody></table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
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#### EDUCATION INFORMATION

Do you have a high school diploma or equivalent?  Yes  No Highest Grade Completed: \_\_\_\_\_  
High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Additional Education 1: \_\_\_\_\_ City/State: \_\_\_\_\_ Degree/Major: \_\_\_\_\_  
Additional Education 2: \_\_\_\_\_ City/State: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

#### PREVIOUS EMPLOYMENT INFORMATION

Please begin with most recent employer. Give all information requested below, even if duplicated on your resume. If your earnings on previous jobs were on a commission or other basis, estimate them on a weekly basis. You may include any verified work performed on a volunteer basis.

**Previous Employer 1:** Company Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Wage: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Previous Employer 2:** Company Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Wage: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Previous Employer 3:** Company Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Last Wage: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**PHARMACISTS ONLY SECTION**

Are you a registered Pharmacist? \_\_\_ Yes \_\_\_ No

If so, list states and license numbers: \_\_\_\_\_

Have you ever appeared before any pharmacy board for violation of any pharmacy codes? \_\_\_ Yes \_\_\_ No

Have you, or any pharmacy that you have been associated with, ever been sanctioned by a State Medicaid, Federal Medicare Program, or any other Government Agency? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Have all required continuing education credits been fulfilled? \_\_\_ Yes \_\_\_ No

Signature: \_\_\_\_\_

**PERSONAL REFERENCES INFORMATION**

Please provide the names of three persons not related to you whom we may contact for work references. Tops Markets, LLC reserves the right to contact other individuals for references as well.

Reference 1: \_\_\_\_\_ Telephone with Area Code: \_\_\_\_\_

Association: \_\_\_\_\_ Years Known: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Telephone with Area Code: \_\_\_\_\_

Association: \_\_\_\_\_ Years Known: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Telephone with Area Code: \_\_\_\_\_

Association: \_\_\_\_\_ Years Known: \_\_\_\_\_

**BACKGROUND INFORMATION**

Please answer the following questions.

Note: You may answer "No" if any of the following circumstances are applicable:

- 1. You have a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace; or, in Pennsylvania, you have been convicted of a summary offense.
- 2. You have felony or misdemeanor convictions which have been annulled, expunged, or sealed by a court.
- 3. You have juvenile delinquency or child in need of service complaints which were not transferred to Superior Court for prosecution or which were expunged.

Answering "Yes" will not automatically result in disqualification.

1. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, list all and explain: \_\_\_\_\_

2. Have you been convicted of a criminal offense within the last five (5) years? \_\_\_ Yes \_\_\_ No If yes, list all and explain: \_\_\_\_\_

3. Have you been convicted of a criminal offense for which your period of incarceration ended within the past five (5) years? \_\_\_ Yes \_\_\_ No If yes, list all and explain: \_\_\_\_\_

Falsification of any portion of this application will result in disqualification and/or termination if hired.

\*\*\*\*Please initial: \_\_\_\_\_

If offer of employment is conditional upon the results of a drug screening test, are you willing to take one? \_\_\_ Yes \_\_\_ No

If offer of employment is conditional upon the results of a post-offer physical and/or a functional job capacity test, are you willing to take one? \_\_\_ Yes \_\_\_ No

Have you ever been refused an employment bond? \_\_\_ Yes \_\_\_ No

Have you ever held a job before? \_\_\_ Yes \_\_\_ No

Have you ever been discharged or asked to resign by an employer? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

**STATEMENT AND SIGNATURE**

**Employment Application Statement:**

I certify that the statements made on this application are true and complete and I further agree that such statements may be investigated to verify accuracy. I further understand that any misleading or incorrect information, misrepresentation, or omission of facts may render this application void or may be cause for immediate dismissal whenever discovered. I understand that any offer of employment may be conditional on the results of a physical examination and/or functional job capacity test and/or drug and/or alcohol screening test by a physician and/or laboratory designated by Tops Markets, LLC. Furthermore, any job offer also will be contingent upon satisfactory references. In accordance with applicable state and federal laws, Tops Markets, LLC reserves the right to engage outside services to conduct background checks on applicants for employment. This statement has been included in my application for employment to inform me in this regard. I acknowledge that I have been advised that I have a right to request in writing information concerning the nature and scope of any such investigation. I agree to cooperate in such an investigation and I hereby release from liability all persons, firms, schools, organizations and/or corporations furnishing references or other information concerning me. I also release Tops Markets, LLC, its affiliated companies, associates, and agents from any liability which might result from requesting such information. The acceptance of this application does not necessarily indicate that there are positions open at present. I also recognize that Tops Markets, LLC policies, rules, benefit plans, and procedures may be modified or amended at any time at the discretion of Tops Markets, LLC. If employed, I agree to conform to the rules and regulations of Tops Markets, LLC and understand that my employment and compensation can be terminated with or without cause at any time at the option of Tops Markets, LLC or myself. I understand that no representative of Tops Markets, LLC other than the authorized officers have any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement made by an authorized officer must be in writing and signed by Tops Markets, LLC. I further understand that if and while I am employed in a position covered by a collective bargaining agreement between Tops Markets, LLC and a collective bargaining representative, the terms and conditions of my employment shall be subject to such collective bargaining agreement to the extent they differ from any provisions of this application.

I acknowledge that I have read and understood all of the provisions of this application: \_\_\_ Yes \_\_\_ No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_