



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. 10/13
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:	Type of employment desired	Hours available: _____ Any Time/Any Day																																			
1. _____	<input type="checkbox"/> Full Time	<table style="width: 100%; border-collapse: collapse;"> <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> <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> </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	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
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2. _____	<input type="checkbox"/> Part Time																																				
When can you start?	<input type="checkbox"/> Temporary																																				
Date: _____																																					

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: _____

If an offer of employment is conditional upon the results of a drug and/or alcohol 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: _____