

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE RETURN TO PHARMACY WHEN COMPLETED.

(PLEASE PRINT) DATE OF APPLICATION _____

Position(s) Applied for _____

Name _____ Tel. _____
Last First Middle Area Code / Number

Address _____
Number Street City State Zip

If employed and you are under 18, can you furnish a work permit? _____ y _____ n

Have you filed an application here before? _____ y _____ n
If yes, give date _____

Have you ever been employed here before? _____ y _____ n
If yes, give date _____

Are you employed now? _____ y _____ n

May we contact your present employer? _____ y _____ n

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____ y _____ n
(Proof of citizenship or immigration status will be required on employment)

On what date would you be available for work? _____

Are you available to work _____ full time _____ part time
_____ shift work _____ temporary

Have you been convicted of a felony within the last 7 years? _____ y _____ n
(Conviction will not necessarily disqualify applicant from employment.)
If yes, please explain:

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EDUCATION:

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed/ Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors received: State any additional information you feel may be helpful to us in considering your application.

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List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status):

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

1) Name: _____ Telephone: _____

Address: _____

2) Name: _____ Telephone: _____

Address: _____

3) Name: _____ Telephone: _____

Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

1.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBER:		HOURLY RATE / SALARY	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PERFORMED:			
	REASON FOR LEAVING:			

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2.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBER:		HOURLY RATE / SALARY	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PERFORMED:			
	REASON FOR LEAVING:			

3.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBER:		HOURLY RATE / SALARY	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PERFORMED:			
	REASON FOR LEAVING:			

4.	EMPLOYER:		DATES EMPLOYED	
	ADDRESS:		FROM:	TO:
	PHONE NUMBER:		HOURLY RATE / SALARY	
	JOB TITLE:	SUPERVISOR:	STARTING:	FINAL:
	WORK PERFORMED:			
	REASON FOR LEAVING:			

If you need additional space, please continue on a separate sheet of paper.

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Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment experience, or education:

NOTES:

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date