



**APPLICATION FOR
EMPLOYMENT**

THE PHARMACY

**PLEASE PRINT ALL
INFORMATION REQUESTED**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
DATE:		PLEASE COMPLETE ALL PAGES		
Last Name	First Name	Middle Name	Maiden Name	
Present Address:				
Present City, State Zip Code				
Social Security Number:		Date of Birth:	Age:	
Telephone Number:		Email Address:		
Desired Position:		Salary Desired:		
Days/Hours Available to Work			Can you work nights and/or weekends?	
No Preference			How many hours can you work each week?	
Monday		Thursday		
Tuesday		Friday		
Wednesday		Saturday		
Desired Employment			When can you begin working?	
Part Time Only	Full Time Only	Full or Part Time		
EDUCATION				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major and Degree
High School				
College				
Other Post Secondary School				
Other Post Secondary School				
Have you ever been convicted of a crime? (Circle One)		Yes	No	
If yes explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				
I understand a criminal background check may be conducted and my signature is an authorized consent.				



**APPLICATION FOR
EMPLOYMENT**

THE PHARMACY

**PLEASE PRINT ALL
INFORMATION REQUESTED**

Do you have a driver's license? (Circle one)		Yes	No
Driver's License Number and State:		Expiration Date:	
What is your means of transportation to work?			
Have you had any accidents during the past three years?		How Many?	
Have you had any moving violations during the past three years?		How Many?	
REFERENCES			
Please list two references other than relatives or previous employers.			
Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Telephone:		Telephone:	
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position you are applying for.			
MILITARY SERVICE			
Have you ever been in the armed forces?		Yes	No
Are you now a member of the National Guard or the Reserves?		Yes	No
Specialty:	Date Entered:	Discharge Date:	Type of Discharge:



**APPLICATION FOR
EMPLOYMENT**

THE PHARMACY

**PLEASE PRINT ALL
INFORMATION REQUESTED**

WORK EXPERIENCE	
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.	
Work Experience 1	
Name of Employer:	Name of Last Supervisor:
Address:	
City, State Zip:	Employment Dates: From: To:
Phone Number:	
Reason for leaving (be specific):	Your last job title:
	Pay or Salary: Start: Final:
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
Work Experience 2	
Name of Employer:	Name of Last Supervisor:
Address:	
City, State Zip	Employment Dates: From: To:
Phone Number:	
Reason for leaving (be specific):	Your last job title:
	Pay or Salary: Start: Final:
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	



**APPLICATION FOR
EMPLOYMENT**

THE PHARMACY

**PLEASE PRINT ALL
INFORMATION REQUESTED**

WORK EXPERIENCE CONTINUED		
Work Experience 3		
Name of Employer:	Name of Last Supervisor:	
Address:		
City, State Zip:	Employment Dates:	To:
Phone Number:	From:	
Reason for leaving (be specific):	Your last job title:	
	Pay or Salary:	Final:
Start:		
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact your present employer?	Yes	No
Did you complete this application yourself	Yes	No
If not, who did?		

I certify that all the information on this application is true and correct.

Signature

Date

Printed Name