



PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	EMAIL ADDRESS	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED WITH THIS PHARMACY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL			
TECHNICAL			
COLLEGE			
GRADUATE			

GENERAL INFORMATION

ADDITIONAL QUALIFICATIONS AND SKILLS:	
US MILITARY OR NAVAL SERVICE	RANK
HAVE YOU EVER BEEN CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DETAILS BACK OF PAGE.	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT EMPLOYER.)

1	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK -----	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK -----	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK -----	REASON FOR LEAVING

4	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK -----	REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____

DATE _____

MAIL OR DELIVER COMPLETED APPLICATION TO PREFERRED LOCATION