

## This application will remain current for a period of 30 days

Please complete this application in your own handwriting, and answer or acknowledge every question.

## **EMPLOYMENT APPLICATION**

"Prospective employees will receive consideration without discrimination because of race, color, creed, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration made unlawful by federal, state or local laws." "We are a drug free workplace."

			PERSON	NAL INFO	RMATIC	ON		
Last Name		First Name			M.I.	Phone Number (Home)	Phone Number	
Present Street Address		City		State	Zip Code	How Long?		
Previous Street Address		City			State	Zip Code	How Long?	
Are you at least 18 years old?  Yes No Are you at least 16 years old?  No If you are under 18, you will be required to provide a work permit upon		Are you legally eligible for employment in this country?  ¬ Yes ¬ No  Proof of U.S. citizenship or immigration status will be required upon employment.		Have you ever been convicted of a felony or misdemeanor? (A conviction may be relevant if job related, but not necessarily bar you from employment.)    Yes □ No  If yes, please explain:				
employment			IOR INT	EREST &	^\/^II /	ADII ITV		
Position Desired:    Management     Cashier     Sales     Stock     Inventory     Other     Based on your understaccommodation?     If you will need acco	□ Intern.  tanding of the Without acc	At Your  1. 2. 3. 4. Maximum Are Willing Per Week:	Hours Work Previous J H H H H H H H H H H H H H H H H H H H	rked, Jobs: Jours Jours Jours Jours Jours Jare applying	Days & Fable Per	Hours You Are Avail- Work Week:  yTo yTo sdayTo yTo To To To ayTo To ou able to perform these of	Daily Driving Distance: If required by would you be to commute?  Pes If "Yes", How	the job, willing No Far? Miles.
Has Pharmacy Boardhop ever employed you?  □ Yes □ No  If "Yes" when?	-		Salary Desired:				How did you hear about this opening?	
			<b>EDUCAT</b>	ΓΙΟΝΑL	BACKO	ROUND		
Type of School	Name & Lo	ocation of S	School	Major/ Are	a of Stud	y Number of Years	Graduated/	GPA
High School College Graduate School							- Yes - No Yes - No Yes - No	GPA GPA GPA
Other				0.0114111		110	□ Yes □ No	GPA
Summerize special skills ar for work with Pharmacy Bo			m employmen		in professio	nal organization or other expe	eriences that may	qualify you

	ADDITIC	NAL QU	ESTIONS	
Why do you want to work at Pharmacy Boardshop?				
What are some of your interest and hobbies?				
what are some or your interest and nobbles?				
	EMPLOY	MENT H	IISTORY	
List employment starting with the most recent position.			this period that you were unemployed by stating the nature of your	
			references to be contacted. If you have more than four places of	
Name and Address of Company & Type of Business	FROM	ТО	Describe the Work You Did:	
	MO. YR.	MO. YR.		
	Ending Color	<u> </u>	Pagagan For Logyling:	
	Ending Salary:  Job Title:		Reason For Leaving:	
Phone Number	Name of Supervisor:		May This Company Be Contacted For References?	
	Tamo or ouporvisor.		,,,,	
Name and Address of Company & Type of Business	FROM	ТО	Describe the Work You Did:	
	MO. YR.	MO. YR.		
	Ending Salar	y:	Reason For Leaving:	
Phone Number	Job Title:  Name of Supervisor:		May This Company Be Contacted For References?	
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Name and Address of Company & Type of Business	FROM	ТО	Describe the Work You Did:	
	MO. YR.	MO. YR.		
	Ending Salary:  Job Title:  Name of Supervisor:		Reason For Leaving:	
Phone Number			May This Company Be Contacted For References?	
Thore Number	I vame or oup	CIVISOI.	may This company be contacted for references:	
Name and Address of Company & Type of Business	FROM	ТО	Describe the Work You Did:	
	MO. YR.	MO. YR.		
	Ending Salary:		Reason For Leaving:	
Phone Number	Job Title:	on door:	May This Company Be Contacted For References?	
Priorie Nurribei	Name of Supervisor:		may this company be contacted for References?	
PLEASE READ CAREFU	LLY, INIT	IAL EACI	H PARAGRAPH AND SIGN BELOW	
me are true and correct to the best of my knowled derstand that omission or misstatement of materia tion of this application or for immediate discharge	ge. I further ce al fact on this ap if I am employe	rtify that I, the oplication or ared, regardless		
employment and, further, authorize the references related to my work records, without giving me prio	I have listed to r notice of such	o disclose to Pl n disclosure. In	es, work record, education and other matters related to my suitability for harmacy Boardshop any and all letters, reports and other information addition, I hereby release Pharmacy Boardshop, my former employers all claims, demands or liabilities arising of or in any way related to such	
intended to create an employment contract between pended or demoted. In addition, I understand and period and may be terminated at any time, with or	en Pharmacy Bo agree that if I a without prior no	oardshop and r am employed, r otice, at the op	ny interview, which may be granted, or during my employment, if hired is me. I understand that, if hired, I may be transferred, reassigned, susmy employment will be At-Will and is for no definite or determinable otion of either myself or Pharmacy Boardshop, and that no promises or unless made in writing and signed my me and Pharmacy Boardshop	
Date: Applicant's Name:_			Applicant's Signature:	
FOR OFFICE USE ONL				
Interviewed By:Dat Location: Salary/Wage:	:e:	Hired: □ Ye □ FT □ PT	es □ No Job Title: □ Seasonal Date Reporting to Work:	