

Family Pharmacy

Employment Application

We are an equal opportunity employer.

Position Applied For: _____ Date of Application: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone: _____ Mobile/Fax: _____

Social Security Number: _____ Date Available to Start: _____

Position applying for: _____

Type of employment desired: Full-Time Part-Time Temporary

If Part-Time, what hours/days are you available? _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in the United States? Yes No

If you are under 18, do you have a work permit? Yes No

Are you willing to work overtime if asked? Yes No

Work Experience

| FROM | TO | EMPLOYER | PHONE |
|--------------------------------|----|---|-------|
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | NATURE OF THE WORK AND RESPONSIBILITIES | |
| REASON FOR LEAVING | | HOURLY RATE /SALARY | |

| FROM | TO | EMPLOYER | PHONE |
|--------------------------------|----|---|-------|
| JOB TITLE | | ADDRESS | |
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| | | | |
|--------------------------------|----|---|-------|
| FROM | TO | EMPLOYER | PHONE |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | NATURE OF THE WORK AND RESPONSIBILITIES | |
| REASON FOR LEAVING | | HOURLY RATE /SALARY | |

We will contact your employers listed above unless you specify otherwise.

Do not contact: _____ Reason: _____

Do not contact: _____ Reason: _____

Education

| School | Name and Location of School | Course of Study | # of Years Completed | Did you graduate? | Degree or Diploma |
|--------------------------|-----------------------------|-----------------|----------------------|-------------------|-------------------|
| Graduate | | | | | |
| College | | | | | |
| Business/Trade/Technical | | | | | |
| High School | | | | | |
| Elementary | | | | | |

Membership in Professional or Civic Organizations

Special Requirement for Employment:

All employees are required to be registered with the State Board of Pharmacy. In the event that you are unable to be registered or your registration is declined by the board, Family Pharmacy reserves the right to refuse or terminate your employment.

Special Training or Skills
