

PHARMACY

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."**

PERSONAL INFORMATION

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are under 18, you will be required to provide a work permit upon employment	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____		

JOB INTEREST & AVAILABILITY

Position Desired: <input type="checkbox"/> Management <input type="checkbox"/> Cashier <input type="checkbox"/> Sales <input type="checkbox"/> Stock <input type="checkbox"/> Inventory <input type="checkbox"/> Other _____	Schedule Desired: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Seasonal <input type="checkbox"/> Intern.	Weekly Hours Worked, At Your Previous Jobs: 1. _____ Hours 2. _____ Hours 3. _____ Hours 4. _____ Hours Maximum Hours You Are Willing to Work Per Week: _____	Days & Hours You Are Available Per Work Week: <input type="checkbox"/> Monday _____ To _____ <input type="checkbox"/> Tuesday _____ To _____ <input type="checkbox"/> Wednesday _____ To _____ <input type="checkbox"/> Thursday _____ To _____ <input type="checkbox"/> Friday _____ To _____ <input type="checkbox"/> Saturday _____ To _____ <input type="checkbox"/> Sunday _____ To _____	Daily Driving Distance: If required by the job, would you be willing to commute? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", How Far? _____ Miles.
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Based on your understanding of the duties of the job you are applying for, are you able to perform these duties with or without accommodation? Without accommodation With accommodation

If you will need accommodation, please specify below:

Has Pharmacy Boardshop ever employed you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" when? _____	Available Starting Date: _____	Salary Desired: _____	List names of friends or relatives employed by Pharmacy Boardshop now, or in the past: _____	How did you hear about this opening? _____
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EDUCATIONAL BACKGROUND

Type of School	Name & Location of School	Major/ Area of Study	Number of Years	Graduated/ GPA
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No _____ GPA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No _____ GPA
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No _____ GPA
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No _____ GPA

SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment, membership in professional organization or other experiences that may qualify you for work with Pharmacy Boardshop (i.e. computer, keyboard, register, software etc.)

ADDITIONAL QUESTIONS

Why do you want to work at Pharmacy Boardshop?

What are some of your interest and hobbies?

EMPLOYMENT HISTORY

List employment starting with the most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, please include personal references to be contacted. If you have more than four places of employment, please list on a separate piece of paper.

Name and Address of Company & Type of Business	FROM		TO		Describe the Work You Did:
	MO.	YR.	MO.	YR.	
	Ending Salary:			Reason For Leaving:	
	Job Title:				
Phone Number	Name of Supervisor:			May This Company Be Contacted For References?	
Name and Address of Company & Type of Business	FROM		TO		Describe the Work You Did:
	MO.	YR.	MO.	YR.	
	Ending Salary:			Reason For Leaving:	
	Job Title:				
Phone Number	Name of Supervisor:			May This Company Be Contacted For References?	
Name and Address of Company & Type of Business	FROM		TO		Describe the Work You Did:
	MO.	YR.	MO.	YR.	
	Ending Salary:			Reason For Leaving:	
	Job Title:				
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	MO.	YR.	MO.	YR.	
	Ending Salary:			Reason For Leaving:	
	Job Title:				
Phone Number	Name of Supervisor:			May This Company Be Contacted For References?	

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Pharmacy Boardshop to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Pharmacy Boardshop any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Pharmacy Boardshop, my former employers and all other persons, corporations partnership and associations from any and all claims, demands or liabilities arising of or in any way related to such an investigation or disclosure.

_____ I understand that nothing that contains in the application, or conveyed during any interview, which may be granted, or during my employment, if hired is intended to create an employment contract between Pharmacy Boardshop and me. I understand that, if hired, I may be transferred, reassigned, suspended or demoted. In addition, I understand and agree that if I am employed, my employment will be At-Will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Pharmacy Boardshop, and that no promises or representations contrary to the foregoing are binding on Pharmacy Boardshop unless made in writing and signed by me and Pharmacy Boardshop representatives.

Date: _____ Applicant's Name: _____ Applicant's Signature: _____

FOR OFFICE USE ONLY! DO NOT WRITE BELOW THIS LINE!

Interviewed By: _____ Date: _____ Hired: Yes No Job Title: _____

Location: _____ Salary/Wage: _____ FT PT Seasonal Date Reporting to Work: _____