

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap

PERSONAL INFORMATION:

Date _____ Start Date _____ Pay Requested \$ _____ / hr

☐ Full Time (> 30 hours) ☐ Part Time (< 30) ☐ Temporary

Which Position are you seeking employment?

☐ Pharmacy Technician* (License # _____) Certified ? ☐ Yes ☐ No
☐ Pharmacist (License # _____) Immunization Certification ? ☐ Yes ☐ No
☐ Cashier/Store Clerk ☐ Other : _____

*For those applying for Pharmacy Technician Employment, Applicant **MUST** complete Pharmacy Technician Competency & Knowledge Assessment

Name _____

Street Address _____

City/State/Zip _____

Phone _____

Have you ever been convicted of or charged with a felony or misdemeanor ? ☐ Yes ☐ No
If yes, please explain details in full, include dates, details of offense(s) charged, location, and result of case:

EDUCATION:

Schools/Colleges Attended	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer : _____ Job Title: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer : _____ Job Title: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer : _____ Job Title: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

PERSONAL REFERENCES: Please provide 3 personal references. Include names, phone numbers, relationship, and how long known

Name: _____ Phone: _____

Relationship: _____ How long known: _____

Name: _____ Phone: _____

Relationship: _____ How long known: _____

Name: _____ Phone: _____

Relationship: _____ How long known: _____

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize the company that I have completed the above Employment Application, to investigate any statement contained in this application as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions, or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations, and policies of the company that I am seeking employment.

Signature : _____

Date: _____

FOR STORE USE ONLY :

Arrange Interview : ☐ Yes* ☐ No Date: _____ Location: _____

*If yes, attach interview assessment to this employment application

	Excellent	Good	Fair	Poor
Work Experience				
Applicable Skills*				
Education				

* Use completed Employment Application **AND** Pharmacy Technician Competency & Knowledge Assessment to make decision between Excellent, Good, Fair, Poor

Remarks: _____

Approved : ☐ Yes ☐ No Date: _____

By : _____

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