



# Application for Employment at Dave's Pharmacy

## General Information

Name (Last, First, Middle Initial)

Home Phone:

Address (mailing address):

Cell Phone:

Are you legally entitled to work in the US?

Email:

Yes

No

## Position

**Position Applying For:**

**Will Accept:**

**Part Time** \_\_\_\_\_

**Full Time** \_\_\_\_\_

**Temporary** \_\_\_\_\_

**Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodations?**

Date Available:

**Yes**

**No**

## Education and Training

High School Graduate or general Education (GED) Test passed?    Yes    No

If no, list the highest grade completed.

College, Business School, Military (Most Recent First)

Name and Location:

Dates Attended:

Degree:

Subject/Major

List any Occupational Licenses, Certificates, or Registrations:

Languages read, written, or spoken fluently other than English:

## Veteran Information:

Branche of Service:

Date of Entry:

Date of Discharge

# Work Experience

<b>Employer:</b>	<b>Phone Number:</b>	<b>From: (mo/yr)</b>
<b>Address:</b>	Hours per week:	To: (mo/yr)
<b>Job Title:</b>	Salary:	
<b>Specific Duties:</b>	Reason for leaving:	May we contact this employer?  Yes      No

<b>Employer:</b>	<b>Phone Number:</b>	<b>From: (mo/yr)</b>
<b>Address:</b>	Hours per week:	To: (mo/yr)
<b>Job Title:</b>	Salary:	
<b>Specific Duties:</b>	Reason for leaving:	May we contact this employer?  Yes      No

<b>Employer:</b>	<b>Phone Number:</b>	<b>From: (mo/yr)</b>
<b>Address:</b>	Hours per week:	To: (mo/yr)
<b>Job Title:</b>	Salary:	
<b>Specific Duties:</b>	Reason for leaving:	May we contact this employer?  Yes      No

# Criminal History

Have you been convicted of any Felony or Misdemeanor Crimes?	YES	NO
If yes, please provide the year, convicted charge(s), county, state, and sentencing:		

## References

Name:	Phone Number:	How do you know them?

Dave's Pharmacy reserves the right to conduct random drug tests.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_