

Gateway Pharmacy, Paoli Pharmacy, Gateway Home Health Care

Employment Application

**PLEASE DIRECT ALL EMPLOYMENT INQUIRIES TO gatewaypwotc@hotmail.com.
NO INQUIRIES OR MESSAGES LEFT BY PHONE WILL BE ANSWERED.**

NAME: _____
LAST NAME FIRST NAME MI MAIDEN NAME

SOCIAL SECURITY NUMBER _____ - _____ - _____ BIRTH DATE ____/____/____

PRESENT ADDRESS: _____
STREET

CITY STATE ZIP CODE

TELEPHONE (LANDLINE): _____ CELL PHONE: _____

ON WHICH PHONE WOULD YOU PREFER US TO CONTACT YOU? _____

HOW LONG HAVE YOU BEEN AT YOUR CURRENT ADDRESS? _____ EMAIL: _____

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP CODE

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP CODE

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP CODE

POSITION APPLIED FOR: _____ WOULD YOU CONSIDER OTHER POSITIONS? _____

SALARY DESIRED: _____ HOW WERE YOU REFERRED TO US? _____

WERE YOU PREVIOUSLY EMPLOYED BY US? _____ IF YES, WHEN: _____

ARE YOU RELATED TO ANYONE EMPLOYED BY US NOW? _____ IF YES, WHO? _____

EMPLOYMENT DESIRED (CIRCLE ONE): FULL TIME PART TIME EITHER

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ CAN YOU WORK NIGHTS? _____

DAYS AVAILABLE TO WORK (CHECK ALL THAT APPLY)	HOURS AVAILABLE (DAY, EVENING, OR BOTH)
<input type="checkbox"/> MONDAY	
<input type="checkbox"/> TUESDAY	
<input type="checkbox"/> WEDNESDAY	
<input type="checkbox"/> THURSDAY	
<input type="checkbox"/> FRIDAY	
<input type="checkbox"/> SATURDAY	
<input type="checkbox"/> SUNDAY	

IF HIRED, HOW SOON CAN YOU START? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (CIRCLE ONE) : YES NO

IF YES, EXPLAIN NUMBER OF CONVICTIONS, NATURE OF OFFENSE LEADING TO CONVICTION, WHEN SUCH OFFENCES WERE COMMITTED, AND SENTENCE IMPOSED:

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT, BUT OMISSIONS OR MISREPRESENTATION OF FACTS CAN LEAD TO REJECTION OF THIS APPLICATION OR DISMISSAL.

DO YOU HAVE A DRIVERS LICENSE (CIRCLE ONE)? YES NO

DRIVER'S LICENSE TYPE (CIRCLE ONE): OPERATOR COMMERCIAL(CDL) STATE OF ISSUE: _____

EXPIRATION DATE: _____ / _____ / _____ LICENSE # _____

HAVE YOU HAD ANY ACCIDENTS IN THE LAST 3 YEARS? _____ HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? _____ HOW MANY? _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ IF YES, IN WHAT STATE? _____

EMERGENCY CONTACT INFORMATION:

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

EDUCATION

NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?	DIPLOMA OR DEGREE	COURSE OF STUDY
HIGH SCHOOL				

COLLEGE				
OTHER (SPECIFY)				

LIST ALL PRESENT AND PAST EMPLOYERS

(COMPLETE ALL BLANKS, EVEN IF ATTACHING A RESUME. BEGIN WITH YOUR MOST RECENT EMPLOYER)

PRESENT/LAST EMPLOYER		ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER
START MO/YR	LEAVE MO/YR	WAGE	REASON FOR LEAVING	
JOB TITLE		SUPERVISOR AND TITLE		MAY WE CONTACT?
DESCRIPTION OF JOB AND DUTIES:				

EMPLOYER		ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER
START MO/YR	LEAVE MO/YR	WAGE	REASON FOR LEAVING	
JOB TITLE		SUPERVISOR AND TITLE		MAY WE CONTACT?
DESCRIPTION OF JOB AND DUTIES:				

PRESENT/LAST EMPLOYER		ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER
START MO/YR	LEAVE MO/YR	WAGE	REASON FOR LEAVING	
JOB TITLE		SUPERVISOR AND TITLE		MAY WE CONTACT?
DESCRIPTION OF JOB AND DUTIES:				

HAVE YOU EVER APPLIED FOR OR BEEN GRANTED WORKMAN'S COMPENSATION BENEFITS? _____

HAVE YOU EVER SERVED IN THE ARMED FORCES (CIRCLE ONE)?: YES NO

WHAT BRANCH? _____ RANK: _____

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVE (CIRCLE ONE): YES NO

WERE YOU HONORABLY DISCHARGED? _____ DISCHARGE DATE: _____

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND OR DESCRIBE THEIR TALENTS OR SKILLS. USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR EMPLOYMENT AT OUR COMPANY.

THIS IS THE OFFICIAL APPLICATION FOR EMPLOYMENT USED BY OUR FAMILY OF COMPANIES. THESE COMPANIES ***DO NOT*** DISCRIMINATE IN HIRING OR EMPLOYMENT BASED ON RACE, RELIGION, GENDER IDENTITY, SEXUAL ORIENTATION, NATIONAL ORIGIN, MARITAL STATUS, AGE, DISABILITY OR VETERAN STATUS. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

OUR COMPANIES RESERVE THE RIGHT TO DO DRUG TESTING. WE RESERVE THE RIGHT TO SECURE CRIMINAL, CIVIL, AND CREDIT HISTORY INFORMATION FOR ANY PROSPECTIVE EMPLOYEES. ALL PRE-EMPLOYMENT SCREENINGS WILL COMPLY TO THE FAIR CREDIT REPORTING ACT AND OTHER RELEVANT LAWS. BY SIGNING BELOW, I AUTHORIZE ANY SUCH TESTS OR INVESTIGATIONS.

THIS APPLICATION WILL BE KEPT FOR A PERIOD OF 60 DAYS. IF YOU WISH TO ATTEMPT TO SECURE EMPLOYMENT AFTER THAT, YOU WILL NEED TO REAPPLY. THERE IS NO GUARANTEE THAT COMPLETING AN APPLICATION WILL LEAD TO AN INTERVIEW OR EMPLOYMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING DISCLOSURE AND UNDERSTAND THE SAME. I ALSO ATTEST THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED CAN LEAD TO THE REJECTION OF THE APPLICATION OR DISMISSAL AFTER HIRING.

SIGNATURE

DATE