

Name: _____

Date: _____

Phone #: (H) _____ (C) _____

William Burke, Ltd., is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, creed, color, sex, Pregnancy, Religion national origin, age, gender identity, sexual orientation, marital or veteran status, political belief, or disability that does not prohibit performance of essential job functions.

Personal Information

Address:	City:	State:	Zip:
e-mail (optional):			
Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (This is an absolute Requirement for Delivery Personnel)			
If you are under the age of 16, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you filled out an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when _____			
Referral Source:			
<input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Other _____			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
What languages can you speak?			
What type of computer software are you familiar with?			

Desired Employment

<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temp	Date you can start: _____
Position(s) applying for:	
Current Salary:	Desired Salary:
Present Employment: _____	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of supervisor: _____	Phone#: _____
Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please Give the name, address, and phone number of three (3) references whom are not related to you and are not a previous employer.

1. _____
2. _____
3. _____

Legal

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

Have you ever had any of the following in the last 3 years?

A. Moving Violation(s)? Yes No Date(s):

B. Traffic Accident(s)? Yes No Date(s):

C. DUI? Yes No Date(s):

If yes, explain in detail?

Are currently taking any medication that would prevent you from driving a company vehicle?

Yes No

Are you under any restrictions that would prevent you from performing the position that you are applying for? Yes

No

By signing below, you agree to allow release of all your traffic history information to William Burke, LTD.

Signature

Date

Persons seeking employment in a position, which will provide in-home services, will have a criminal history and dependent abuse history check performed. Signature below indicates acknowledgement that the applicant has been informed that such record checks will be performed.

Signature

Date

Education

School Level	Name and Location of School	Degree Earned	Honors Received/ Grade Average

Awards and Honors received

Name/Type	Description	Date

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Employment History
 (Start with present or most recent employer, include military service, and volunteer activities. You may exclude organization name, which indicates race, color, religion, gender, national origin, handicap, or other protected status.)

Date Month/Year	Name and Location of employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Applicant's Statement

By signing below I attest to the following:

- I certify that the information in this application is accurate and correct. I understand that any omission or erroneous/misleading information in this application or given during an interview may be grounds for immediate dismissal;
- I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability that may result from furnishing the same to you;
- I authorize investigation of all statements contained herein for a period of time not to exceed 3 months (any applicant wishing to be reconsidered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time);
- I understand that William Burke, LTD is an employment "at will" business, which means I am free to terminate my employment at any time, for any reason, with or without cause, and the company has the same right;
- In the event of employment, I understand that I am obligated to follow the policies and procedures of William Burke, LTD;

Signature	Date

Applicant received a copy of our "Applicant Handout" which includes our Mission Statement, our company story, and follow-up process.

Main Pharmacies “Applicant Handout”

Mission Statement

Main at Locust Pharmacy and Main Healthcare Pharmacy are dedicated to providing quality care to you and your family by always putting people first.

Our Pledge

The healthcare professionals at Main at Locust Pharmacy promise to provide our customers with quality services, knowledgeable and competent staff, and solutions to their healthcare concerns. By working closely with each of our customers to control their health care spending and improve their health.

Core Values of William Burke, Ltd

- Compassion for our customers
- Every person and every idea counts
- Using the advantages of size to take risks and try new things. Never allowing size to be a disadvantage
- Passion for learning and sharing ideas
- Connected to people in the workplace, customers and communities
- Professionalism in appearance and conduct. Personal responsibility, accountability and courtesy
- Believe that together with God and one another we can do anything

“Our Company Story”

Welcome to Main at Locust Pharmacy and Medical Supplies and Main Healthcare Pharmacy. At Main at Locust and Main Healthcare Pharmacies, we want to be more than your pharmacy and Medical Supplies provider.

Our father, Bill Burke, who passed away was a pharmacist and owned the store before we took over. Bill Burke was a great pharmacist and cared greatly for his patients. We hope to continue to carry his dreams forward by creating a partnership with you.

When you or one of your family members visits us, we will lend a helping hand to take care of you. It is so difficult when a loved one is sick and our prayers go out to you during this difficult time. Our ultimate goal is to earn your trust and confidence. Every day we will be true to our word.

If you are already a customer, then you know that we’re dedicated to providing you the best service possible and the products that you need. We try to do that with every conversation that we have and every order that we fill. We will do our best to always make it right for you.

We want to build a long-term relationship with you, our customer. Think of Main at Locust Pharmacy and Medical Supplies and Main Healthcare Pharmacy for more than just products. We want to help build a healthy community. We want to take care of you and your family by adhering to faith-based principles, values and good business ethics.

Because we care ... You can count on us!!

Lisa Ploehn and Ann Amling (Owners)