

APPLICATION FOR EMPLOYMENT

JIM CASH PHARMACY, LLC
DBA BUCHANAN DRUGS
406 COURTHOUSE SQUARE
BUCHANAN, GA 30113

Thank you for your interest in Jim Cash Pharmacy. Our mission is to be the Fastest, Friendliest and most helpful pharmacy and durable medical equipment retailer for patients.

PERSONAL INFORMATION:

FIRST NAME _____ M _____ LAST NAME _____

DATE OF BIRTH _____ (MM/DD/YYYY) SS# _____ - _____ - _____

ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____

EMAIL _____

DATE AT WHICH YOU STARTED LIVING AT CURRENT ADDRESS _____

GENDER: Male or Female

WHAT IS YOUR RACE?

Native American/Alaskan Native

African American

Hispanic

Asian/Pacific Islander

White

Other _____

Are you legally authorized to work in the United States? (If hired, verification will be required consistent with federal law) Yes or No

Are you 16 years of age or older? Yes or No

Part of our pre-employment screening involves a criminal background check. We require your authorization and release to conduct this check. If hired, will you authorize us to conduct a criminal background check? Yes or No

sign _____ date _____

Part of our pre-employment screening involves drug testing if applicable. We require your authorization and release to conduct this check. If hired, will you authorize to be screened for illegal drug use? Yes or No

sign _____ date _____

DRIVER LICENSE # _____ state _____ **TRAFFIC TICKETS** YES: _____ NO: _____

IF YES EXPLAIN: _____

POSITION APPLYING FOR: PART-TIME OR FULL-TIME OR EITHER

POSITION APPLYING FOR: CASHIER/PHOTO/DELIVERY/TECHNICIAN/MANAGER/RPH

Starting out, what do you expect to earn on an hourly basis? _____ : _____

If hired, when would you be available to start? _____ / _____ / _____

Will you be able to work holidays? Yes or No

Are you available to work any day and time of the week? Yes or No **If No what days and times**

Are you now, or have you ever been known by any other name, or have you changed your name (first or last)? Yes or No

If yes, what name(s) have you been known by:

Other than your current address, have you lived at any other address in the past 5 years?

Yes or No

EDUCATION:

HIGHEST LEVEL OF EDUCATION COMPLETED:

HIGH SCHOOL GRADES: 9 / 10 / 11 / 12

COURSE OF STUDY: GENERAL / TECHNICAL / COLLEGE PREP

CURRENT GPA: _____

COLLEGE: 1 / 2 / 3 / 4

REFERENCES: Two work related references –not family members or friends

1. _____ PHONE: _____

2. _____ PHONE: _____

WORK HISTORY:

1. EMPLOYER NAME: _____

PHONE #: _____ REASON FOR LEAVING: _____

START DATE _____ END DATE _____

2. EMPLOYER NAME: _____

PHONE #: _____ REASON FOR LEAVING: _____

START DATE _____ END DATE _____

Notes Special Skills: Explain your strengths

I certify that I have read and fully completed this application and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give you any information concerning my previous employment and pertinent information they may have: personal and otherwise.

Signature: _____ Date: _____

Employer: _____ Date: _____

Reviewed _____ Reviewed _____