

SLOAN'S PHARMACIES, INC.

Employment Application

Applicant Information							
Full Name:						Date:	
	Last First			M.I.			
Address:							
	Street Address				Apartmei Unit #	nt/ Email Address	
	City			State	ZIP Code	Phone Number	
Phone:				Email			
Position Applied for:				_ Will you work overtime if asked?			
Are you a citizen of the United States? + Have you ever worked for this company?		YES	NO □	lf n			
		YES	NO □	If yes, when?			
Have you ever been convicted of a felony?		YES	NO	If yes,	explain:		

Education					
School	Name and Location of School	From:	To:	Did you Graduate?	Degree or Diploma
Graduate				YES 🗌 NO 🔲	
College				YES 🗌 NO 🔲	
Business/Trade/ Technical				YES 🗌 NO 🔲	
High School				YES 🗌 NO 🔲	

References	- Please list three professional references	
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		
Full Name:	Relationship:	
Company:	Phone:	
Address:		

		Previous Employment					
Company:			Phone:				
Address:			Supervisor:				
Job Title:		Starting Salary:	Ending Salary: <u>\$</u>				
Responsibilit	ies:						
From:	То:	Reason for Leaving:					
Company:			Phone:				
Address:			Supervisor:				
Job Title:		Starting Salary:	Ending Salary: <u>\$</u>				
Responsibilit	ies:						
From:	То:	Reason for Leaving:					
Company:			Phone:				
Address:			Supervisor:				
Job Title:		Starting Salary: <u>\$</u>	Ending Salary: <u>\$</u>				
Responsibilit	ies:						
From:	То:	Reason for Leaving:					
	act the employers listed above unless hose you do not want us to contact.	DO NOT CONTACT:					
		Military Service					
Branch:		From:	То:				
Rank at Disc	ank at Discharge: Type of Discharge:						
If other than	honorable, explain:						
	[Disclaimer and Signature					
I certify that my answers are true and complete to the best of my knowledge.							

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:_____