Petal Drug Co.

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EMPLOYMENT APPLICATION

Application information

Full name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Date Available: _____ S.S. no: _____ Desired salary: $ _____

Position applied for: Full-Time or Part-Time Pharmacy Tech (PT or CPhT) Pharmacy Clerk

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If yes, when? _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain? _____

Relationship status: ___Married ___Single ___Divorced ___Separated ___Widowed _____Number of Children

Have you had any speeding tickets or auto accidents in the last 5 years? Yes ☐ No ☐

Do you have any problem with drugs or alcohol? Yes ☐ No ☐

In case of emergency notify:

Full name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

References

Please list three professional references.

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Military Service

Branch: _____ From: _____ To: _____

Rank 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.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date for payment of my wages and salary, be terminated at any time without previous notice.

All classes of employees are considered to be in a probationary status for the first ninety (90) days from the date of employment. Continuation of employment beyond ninety (90) days signifies automatic removal of probationary status unless specifically extended by the employee's supervisor. The probationary employment may be terminated for ANY REASON at ANY TIME during the probationary period. The employer may terminate probationary employees without two weeks notice.

Signature: _____ Date: _____

Additional Comments

If you have any additional comments you would like to make, please feel free to do so below.