



Seven Lakes
PRESCRIPTION SHOPPE

120 MacDougall Drive
West End, NC 27376
Ph 910-673-7467
Fax 910-673-3595

Seven Lakes Prescription Shoppe, INC Application for Employment

Date: _____

Personal Information

Name (last/first) _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Home Ph # _____

Cell Ph # _____

Employment Desired

Position _____ When can you start? _____

Desired Salary Range _____ Are you employed? _____

May we contact your present employer? _____

Have you ever applied to this company before? _____

Availability

(Check all days/times that you are able to work)

Mon	Tues	Wed	Thurs	Fri	Sat
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

Please mention any special requests here (i.e. off early every Wednesday) _____

Education History

High School _____ Favorite Subject _____

College _____ Major _____

Job related Skills (i.e. Microsoft word/office/excel/accounting experience/bookkeeping experience, QuickBooks) _____

Previous Pharmacy experience? _____ If yes, tell us more _____

Former Employers (list below last 3 employers, starting with the most recent, include starting and ending dates of employment, name of employer, position held, salary, and reason for leaving)

1. _____

2. _____

3. _____

References (include name, address, business, phone #, and # of years known)

1. _____

2. _____
3. _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that stealing from the company, including, but not limited to, falsifying hours worked, or neglecting to pay for goods used, or neglecting to report to work on time is grounds for termination.

I understand that I will have access to private healthcare information and pledge not to release any information and to only use information in a professional manner.

I understand that there will be a 6 month review of my performance and pledge to strive to become as good as I can be, constantly getting better.

Signature _____ Date _____