



"Pharmacy The Way It Should Be"

APPLICANT INFORMATION							
Last Name	<input type="text"/>	First	<input type="text"/>	M.I.	<input type="text"/>	Date	<input type="text"/>
Street Address	<input type="text"/>			Apartment/Unit #	<input type="text"/>		
City	<input type="text"/>		State	<input type="text"/>		ZIP	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>	E-mail Address		<input type="text"/>			
Date Available	<input type="text"/>	Social Security No.	<input type="text"/>	Desired Salary	<input type="text"/>		
Position Applied for <input type="text"/>							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? <input type="text"/>			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain <input type="text"/>			
EDUCATION							
High School	<input type="text"/>		Address	<input type="text"/>			
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree <input type="text"/>
College	<input type="text"/>		Address	<input type="text"/>			
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree <input type="text"/>
Other	<input type="text"/>		Address	<input type="text"/>			
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree <input type="text"/>
REFERENCES							
Please list three professional references.							
Full Name	<input type="text"/>			Relationship	<input type="text"/>		
Company	<input type="text"/>			Phone	(<input type="text"/>) <input type="text"/>		
Address <input type="text"/>							
Full Name	<input type="text"/>			Relationship	<input type="text"/>		
Company	<input type="text"/>			Phone	(<input type="text"/>) <input type="text"/>		
Address <input type="text"/>							
Full Name	<input type="text"/>			Relationship	<input type="text"/>		
Company	<input type="text"/>			Phone	(<input type="text"/>) <input type="text"/>		
Address <input type="text"/>							

PREVIOUS EMPLOYMENT			
Company		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$ Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$ Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	()
Address		Supervisor	
Job Title		Starting Salary	\$ Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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.			
Signature		Date	

Send your completed application to humanresources@thetownpharmacies.com or print and fax to (330)318-3927