# Westminster Family Drug

10911 NE 23RD ST. • Nicoma Park, OK 73066 • 405-769-8585

## Employment Application

### Applicant Information

**Last Name** | **First Name** | **M.I.** | **Date**

**Date of Birth** | **SSN**

**Names Used Previously**

**Street Address** | **Apt / Unit #**

**City** | **State** | **ZIP Code**

**Previously Resided States**

**Phone** | **Email (optional)**

**Date Available** | **Position Applied For** | **Desired Salary**

Do you have a Medical Marijuana Card?

☐ Yes ☐ No

Hours Desired (check one):

☐ Full Time ☐ Part Time ☐ Seasonal

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

Have you ever been convicted of a felony?

☐ YES ☐ NO

## Education

**High School Name**

**High School Address**

**From**

**To**

**Diploma**

**Did you graduate? (type YES/NO)**

**College Name**

**College Address**

**From**

**To**

**Degree**

**Did you graduate? (type YES/NO)**

*Do you possess any office skills such as typing, ten key, computer knowledge, etc.? If so, please explain:*

**Office Skills / Explanation**

## References

*Please list three professional references.*

### Reference 1

**Full Name**

**Relationship**

**Company**

**Phone**

**Address**

### Reference 2

**Full Name**

**Relationship**

**Company**

**Phone**

**Address**

### Reference 3

**Full Name**

**Relationship**

**Company**

**Phone**

**Address**

## Previous Employment

### Employer 1

**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? (Employer 1)

☐ YES ☐ NO

### Employer 2

**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? (Employer 2)

☐ YES ☐ NO

### Employer 3

**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? (Employer 3)

☐ 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.*

**Signature**

**Date**

Thank you for applying to Westminster Family Drug. Please return the completed application to the pharmacy.