SPANAWAY PHARMACY

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Employment Application

Date:_____

Applicant Information

Full Nar	ne:				
Address	S:				
	Street address	Apartment#	City,State	Zip	
Phone I	Number:		E-mail:		
Date Of Birth:Social Security Number:					
Position	Applying for:		Available Star	rt Date:	

Are you a citizen of the United States? YES	NO		
If NO, are you authorized to work in the United	d States? YES	NO	
Have you ever worked for this company before	e? YES	NO	
If YES, When?			
Have you ever been convicted of a felony?	YES NO		
If YES, explain:			
Education			
High School:	From:	То:	
Did you graduate? YES NO			
College:	From:	То:	
Did you Graduate? YES NO	Degree:		_
References Please list three most recent professional refe	rences.		
Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	

Previous Employment

Company:	_ Address:			
Phone Number:	Starting Wage:_		Ending Wage:	
Job Title:	From:	To:		
Responsibilities:				
Reason for leaving:				
May we contact your previous su	pervisor for reference?	YES	NO	
Company:	Address:			
Phone Number:	Starting Wage:_		Ending Wage:	
Job Title:	From:	To:		
Responsibilities:				
Reason for leaving:				
May we contact your previous su	pervisor for reference?	YES	NO	

Company:	_Address:			
Phone Number:	Starting Wage:		_ Ending Wage:	
Job Title:	_ From:	To:		
Responsibilities:				
Reason for leaving:				
May we contact your previous super	rvisor for reference?	YES	NO	

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: