

# LOVE'S PHARMACY Diamondhead Ocean Springs Pass Christian

## Application for Employment

Position You Are Applying For \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Are you a U.S. Citizen?  Yes  No Have you ever been convicted of a felony?  Yes  No  
 If selected for employment, are you willing to submit to a pre-employment & periodic drug screening tests?  Yes  No  
 Social Security Number: \_\_\_\_\_

### EDUCATION

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
|             |          |                |                 |       |
|             |          |                |                 |       |
|             |          |                |                 |       |

Other training or certifications: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

### PROFESSIONAL REFERENCES

| Name | Company | Phone Number |
|------|---------|--------------|
|      |         |              |
|      |         |              |
|      |         |              |

### Applicant Authorization

I certify that all answers given herein are true and complete to the best of my knowledge and in the event of employment, I understand that false or misleading information given in my application may result in discharge.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_