



Brashear's Pharmacy

471 N Dacie Pt.
Lecanto, FL 34461
352.746.3420

Application for Employment
(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance or essential job functions..

Date: _____

I. Personal Information

| | |
|--------------------|------|
| Name: | |
| Present Address: | |
| Permanent Address: | |
| Phone: | SSN: |

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

2. Do you have any friends or relatives who are presently (or have formerly been) employed by Brashear's Pharmacy? _____

3. How were you referred to Brashear's Pharmacy? _____

4. Have you ever been arrested? Yes No If yes, please explain: _____



Educational History

| | School Name | Years Completed | Degree/Diploma |
|--------------------|-------------|-----------------|----------------|
| High School | | | |
| College | | | |
| Graduate School | | | |
| Technical Training | | | |
| Other | | | |

II. Employment Record

List all employment for the last five years, with the most recent first. Use a separate sheet to list additional employers, if necessary.

| | |
|----------------------|---------------------|
| Name of Company: | Address: |
| Position Held: | Telephone: |
| Manager: | Wage/Salary: |
| Dates of Employment: | Reason for Leaving: |

| | |
|----------------------|---------------------|
| Name of Company: | Address: |
| Position Held: | Telephone: |
| Manager: | Wage/Salary: |
| Dates of Employment: | Reason for Leaving: |

| | |
|----------------------|---------------------|
| Name of Company: | Address: |
| Position Held: | Telephone: |
| Manager: | Wage/Salary: |
| Dates of Employment: | Reason for Leaving: |



III. References

Please do not include relatives. You may include former employers.

| |
|---|
| Name: |
| Telephone: |
| Address: |
| Occupation: |
| Years Known: |
| In what capacity do you know this person? |

| |
|---|
| Name: |
| Telephone: |
| Address: |
| Occupation: |
| Years Known: |
| In what capacity do you know this person? |

| |
|---|
| Name: |
| Telephone: |
| Address: |
| Occupation: |
| Years Known: |
| In what capacity do you know this person? |

IV. Work Availability

1. If your application receives favorable consideration, when would you be available to begin work?

2. Do you have any objection to working overtime? Yes No
3. Can you work overtime without prior notice? Yes No
4. Would you be available to work on Saturday? Yes No
5. Can you travel between stores if required by this position? Yes No

V. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? _____



Pharmacy Knowledge/Experience
Part I. Prescription Interpretation

Answer the following questions, to the best of your abilities, based on the prescription shown below.

BRASHEAR'S PHARMACY
206 W. DAMPIER ST.
IVERNESS, FL 34450

Phone: (352) 637-2079

Name: Doe, John Age: _____

Address: _____

SECURITY FEATURES ON BACK Date: April 23, 2013

R DEA # _____

Neurontin 300mg
+ QID PRN
#120

Refill NR 1 2 3 4 5

To ensure that a brand name product be dispensed, the prescriber must
handwrite "Brand Medically Necessary" on the prescription form.

1. For what medication is this prescription written? _____
2. What is the medication's brand name? _____
3. What is the medication's generic name? _____
4. What are the directions, in plain language? _____
5. How long should one fill of this medication last the patient? _____
6. What necessary information, if any, is missing from this prescription? _____

7. Is this medication a controlled substance? Yes No
8. When does this prescription expire? _____



Part II. Basic math for pharmacy and customer service.

Answer the following questions, to the best of your ability.

1. What is 20% of 50? _____
2. How many mLs are in a teaspoonful? _____
3. How many mLs are in a tablespoonful? _____
4. What is the difference between an mL and a cc? _____
5. How many teaspoonfuls in a tablespoon? _____
6. How many mLs are in a pint? _____
7. What does KCL stand for? _____
8. What does "prn" stand for? _____
9. If a prescription is written for 120 tablets, and the patient is to take 1 tablet every 6 hours, how long should the prescription last? _____
10. A patient's prescription is written for 360 tablets. The pharmacy has only 43 tablets in stock. How many tablets will the pharmacy owe the patient? _____
11. What would you say is the number one rule of customer service? _____

Part III. Basic pharmacy definitions and questions.

1. What is a controlled substance? _____

2. What is a generic drug? _____

3. What is a DEA number? _____

4. What is the part of Medicare that covers prescriptions drugs (e.g. Part A, Part B, Part C, Part D, etc)? _____
5. If a patient has a question regarding how to take a medication, who should answer this question? _____
6. Which people in the pharmacy can take a call in from the doctor? _____



Part IV. Questions

1. Which computer applications do you have experience with?

- Microsoft Word
- QS/1's NRx
- Ebay
- Previous pharmacy software experience _____
- POS Registers
- Facebook
- Google

2. Give an example of a time when you think you artfully handled a situation with an unhappy customer or coworker.

3. What do you think some of your best qualities are?

4. Looking back on your life, what are you most proud of?
