

Employment Application

The information given on this form is solely for the use of Ron's Apothecary Shoppe and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

PERSONAL	Last Name	First	Middle	Email Address
	Present Address– Street	City, State	Zip Code	Contact Telephone Number
	Alternate Address– Street	City, State	Zip Code	Alternate Telephone Number
	Referred by:	Date Available for Employment	Eligible to Work in United States?	
	Position (s) Applied For:	Starting Salary Desired	Geographical Locations Preferred	
	Are you willing to:	Work Overtime? Yes No		Transfer? Yes No
	Travel? Yes No			
Are you at least 18 years of age?	Have you previously worked for our company?			
Yes No	Yes No			

EMPLOYMENT BACKGROUND	1. Present (or last) Company Name	Address	City, State	Phone #
	Dates: From – To	Starting Base Salary \$	Current Base Salary \$	May we contact? Yes No
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	2. Previous Employer Company Name	Address	City, State	Phone #
	Dates: From – To	Starting Base Salary \$	Current Base Salary \$	May we contact? Yes No
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	3. Previous Employer Company Name	Address	City, State	Phone #
	Dates: From – To	Starting Base Salary \$	Current Base Salary \$	May we contact? Yes No
Job Title	Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)				

RON'S APOTHECARY SHOPPE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.

E D U C A T I O N	Schools Attended and Location	Dates Attended From To		Major	Type of Degree	Grade Average Overall Major		Date of Graduation (Mo/Yr)
	High School				Diploma or GED Yes No			
	College							
	College							
	College							
	Special Awards or Recognitions							
	Special Awards or Recognitions	* If no degree obtained, indicate number of college credit hours completed						

M I L I T A R Y	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

C R I M I N A L	Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations?	Yes	No
	If Yes, please list the date, nature, locations, and disposition.		

S K I L L S	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.		
	Foreign Languages:	Degree of Proficiency: Speak Read Write	

R E F E R E N C E S	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by Ron's Apothecary Shoppe my employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I hereby grant Ron's Apothecary Shoppe the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to Ron's Apothecary Shoppe, or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the Company.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT _____

DATE _____