

Chippewa Pharmacy, Inc.

Application for Employment

Chippewa Pharmacy, Inc is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. The policy of this company to provide employment, compensation and other benefits related to employment based on qualification without regard to race, color, religion, national origin, age, sex veteran status or disability, or any other bias prohibited by state or federal law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law.

Disabled applicants may request any needed accommodations.

PLEASE PRINT PLAINLY - BE SURE TO SIGN THIS APPLICATION GENERAL INFORMATION

Date: _____				
Name: _____				
First	Middle	Last		
Address: _____				
No.	Street	City	State	Zip
Home Phone: _____		Other phone: _____		
Have you been previously employed by this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when? _____		In what capacity? _____		

EMPLOYMENT DESIRED

Position applied for: _____	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time
If part time, what days and hours are you available? _____	
Date available to start: _____	Salary requirement: _____

EDUCATION

	Name and location of school	Number of years completed	Did you graduate	Course of study	Degree
High School					
College					
Other					

List any special skills or Qualifications which you feel are relevant to the job for which you are applying:

MILITARY SERVICE

Branch: _____	Duties: _____
Did you receive any specialized training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: _____
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Additionally, we need your social security number and date of birth for a background check. My signature on this form is my acknowledgment and consent to a criminal background check.

EMPLOYMENT HISTORY

List names and addresses of previous employers during the last five years. Begin with your most current employer.

May we communicate with your present employer? Yes No

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)		Hourly Rate/ Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

PROFESSIONAL REFERENCES

<p>List names and contact information of three professional references. Professional references may include previous co-workers, supervisors, instructors, or other individuals who are familiar with your professional experiences.</p>			
Name of Reference	Company Name	Job Title	Telephone Number

I hereby certify that the answers given by me to the above questions or statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to Chippewa Pharmacy, Inc. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement.

Please initial here _____

I further understand that no representative of this company has the authority to enter into any agreement for employment for any specified period of time and that this company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by Chippewa Pharmacy, Inc., and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement.

Please initial here _____

Applicant's Signature: _____ Date: _____