

Linton Family Pharmacy
Application for Employment
(Please Print)

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

Date: _____

I. Personal Information

Name: last first Middle

Present Address _____

Permanent Address (if different than above) _____

Social Security Number _____ Telephone _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we should 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 relative who are presently (or have formerly been) employed by Linton Family Pharmacy?

3. How were you referred to Linton Family Pharmacy?

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

School Name/Location

Years Completed

Degree/Diploma

Elementary _____

Jr. High _____

High School _____

College _____

Technical Training _____

Other _____

IV. References *Please do not include relatives or former employers.*

1.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	

V. Work Availability

1. If your application receives favorable consideration, when will 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. Can you work on Saturday Yes No
5. Hours of operation are M-F 8:30-6:30 Sat 8:30-1.
Do you have any limitations to work during these times? Yes No

VI. Salary / Hourly Rate Requirements

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

\$ _____ per _____

Authorization and General Release

The undersigned, in connection with this application authorizes all corporations, companies, agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Linton Family Pharmacy or its agents and releases them from any liability or responsibility from doing so.

Applicant's Name

Applicant's Signature

Witness

Date