

# Kaup Pharmacy, Inc.

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME (LAST NAME, FIRST) PLEASE PRINT ALL INFORMATION		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY:		

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO KAUP PHARMACY, INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH LOCATION?	WHEN?

### EDUCATION HISTORY

NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS SCHOOL			

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

### FORMER EMPLOYERS (List your last four employers. Start with the most current.)

DATE/MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (Give below the names of three persons not related to you who have known you at least one year.)

NAME	TELEPHONE NUMBER	NAME OF BUSINESS	YEARS KNOWN

Have you even been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
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**AUTHORIZATION**

"I certify that the statements and facts contained in this application are true to the best of my knowledge and understand that any false statements or misrepresentations are grounds for dismissal. I authorize the investigation of all statements and facts contained in this application, including the personal references and previous and current employers. I also release Kaup Pharmacy, Inc. from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Kaup Pharmacy, Inc. has authority to enter into any employment agreement for any specified period of time. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE	SIGNATURE
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**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

INTERVIEWED BY:	DATE		
APPEARANCE	CHARACTER		
PERSONALITY	ABILITY		
HIRE DATE	FOR WHICH DIVISION?	POSITION	SALARY

This application is for use within the United States. Kaup Pharmacy, Inc. assumes no responsibility and disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based.