



## EMPLOYMENT APPLICATION

APPLICANT INFORMATION												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Date Available				Social Security No.						Wage Desired		
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have a valid driver's license?			YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION												
High School						Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College						Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other						Address						
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
AVAILABILITY												
<i>You will not necessarily be scheduled to work for all of the hours you indicate as available. Rather, this will be used as a scheduling guideline.</i>												
Day	Zero Availability	All-Day Availability	Specific Availability									
Mondays												
Tuesdays												
Wednesdays												
Thursdays												
Fridays												
Saturdays												
Sundays												

**PREVIOUS EMPLOYMENT**

*Please list the following information about your last three jobs, starting with the most recent.*

Company		Job Title	
From	Starting Wage \$	Reason(s) for Leaving	
To	Ending Wage \$		
Responsibilities			
Supervisor Name		Phone #	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Job Title	
From	Starting Wage \$	Reason(s) for Leaving	
To	Ending Wage \$		
Responsibilities			
Supervisor Name		Phone #	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Job Title	
From	Starting Wage \$	Reason(s) for Leaving	
To	Ending Wage \$		
Responsibilities			
Supervisor Name		Phone #	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>

**RELEVANT SKILLS AND EXPERIENCE**

*Please summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.*


**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and the employers listed above to provide any and all information concerning my previous employment and any pertinent information they may have, objective or subjective and release the companies from all liability for any damage that may result from utilization of such information. I authorize Kellstrom Pharmacy (an equal opportunity employer) to conduct a background check prior to or during employment.

Signature	Date
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