

Rivergate Pharmacy
APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION
 REQUESTED

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APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

DATE:

Name – Last

First

Middle

Maiden

Present Address:

Present City, State, Zip:

Social Security Number:

If Under 18, Please List Age:

Telephone:

Position applied for:

Days/Hours Available to Work

No Preference

Thursday

Salary desired:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

How many hours can you work?

**Are you Available to Work
Weekends? Yes/ No?**

Employment desired

Full Time Only

Part Time Only

Full or Part Time

Date Available to Begin Work?

EDUCATION

TYPE OF SCHOOL

NAME OF SCHOOL

LOCATION
 (Complete Mailing Address, Use Additional
 Page if Needed)

**NUMBER OF
YEARS
COMPLETED**

MAJOR & DEGREE

High School

College

**Other Post-Secondary
School**

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.

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DO YOU HAVE A DRIVER'S LICENSE?	Yes	No
What is your means of transportation to work?		
Driver's License Number & Issuing State		Expiration Date:
Have you had any accidents during the past three years?		How many?
Have you had any moving violations during the past three years?		How many?

REFERENCES

Please list at least two references, please include references other than relatives or previous employers. Additional references may be provided if desired. If extra space is needed, please attach an extra sheet along with application.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES?	Yes	No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR THE RESERVES	Yes	No
SPECIALITY:	Date Entered:	Discharge Date:
		Type of Discharge:

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Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of Employer Address City, State Zip Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	May We Contact this Employer?	Yes	No
	Your Last Job Title:		

Reason for Leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address City, State Zip Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	May We Contact This Employer?	Yes	No
	Your Last Job Title:		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer Address City, State Zip Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	
	May We Contact this Employer?	Yes	No
	Your last job title:		

Reason for Leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address City, State Zip Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	May We Contact This Employer?	Yes	No
	Your Last Job Title		

Reason for Leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we Contact Your Present Employer?	Yes	No
Did you Complete This Application Yourself?	Yes	No
If not, who did?		

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I certify that all the information on this application is true and correct.

Signature

Date

Printed name

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BACKGROUND CHECK AUTHORIZATION FORM
Pre-Employment Screening

INSTRUCTIONS: Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I hereby authorize Sano Vita, Inc., d/b/a Rivergate Pharmacy, to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Sano Vita, Inc., d/b/a Rivergate Pharmacy, will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further. A photocopy of this authorization can be accepted with the same authority as the original.

You further authorize Sano Vita, Inc, dba Rivergate Pharmacy, to perform and complete an online background check, you acknowledge that you will be receiving an email from authform@nationalcrimesearch.com and will be required to complete the online Applicant Authorization Form from our background screening partner, National Crime Search.

I understand any information will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Applicant's Signature _____ **Date** _____

Print Applicant's Name _____

For Identification Purposes Only:

Date of Birth _____ Email Address: _____