



**"Pharmacy The Way It Should Be"**

<b>APPLICANT INFORMATION</b>			
Last Name	<input type="text"/>	First	<input type="text"/>
		M.I.	<input type="text"/>
Date	<input type="text"/>		
Street Address	<input type="text"/>		Apartment/Unit # <input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		ZIP	<input type="text"/>
Phone	<input type="text"/>	E-mail Address	<input type="text"/>
	( <input type="text"/> )		
Date Available	<input type="text"/>	Social Security No.	<input type="text"/>
		Desired Salary	<input type="text"/>
Position Applied for	<input type="text"/>		
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"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? <input type="text"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain <input type="text"/>
<b>EDUCATION</b>			
Pharmacy School	<input type="text"/>	Address	<input type="text"/>
Grad. Year	<input type="text"/>	Rph or PharmD	<input type="text"/>
<b>REFERENCES</b>			
Please list three professional references.			
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	( <input type="text"/> ) <input type="text"/>
Address	<input type="text"/>		
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	( <input type="text"/> ) <input type="text"/>
Address	<input type="text"/>		
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone	( <input type="text"/> ) <input type="text"/>
Address	<input type="text"/>		

**PREVIOUS EMPLOYMENT**

Company		Phone	( )	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone	( )	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone	( )	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

**MILITARY SERVICE**

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

**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.

Signature		Date	
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