



"Pharmacy The Way It Should Be"

APPLICANT INFORMATION			
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"/> (<input type="text"/>) <input type="text"/>	E-mail Address	<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"/>
EDUCATION			
Pharmacy School	<input type="text"/>	Address	<input type="text"/>
Grad. Year	<input type="text"/>	Rph or PharmD	<input type="text"/>
REFERENCES			
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"/>) <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"/>) <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"/>) <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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Send your completed application to humanresources@thetownpharmacies.com or print and fax to (330)318-3927