



Date of Application _____
 Date Available _____
 Confidential _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (Please Print Clearly)

Name _____ Soc. Sec. Number _____
Last First Middle

Current Address _____ How Long? _____
Street City State Zip

Previous Address _____ How Long? _____

Are you over 18 years of age? _____ Date of Birth _____ Phone Number _____
 If you cannot be reached at the phone number above, where may we contact you?

Name of person _____ Phone Number _____

EMPLOYMENT DESIRED

Have you ever been employed at or applied for employment at Legends Pharmacy before? Yes No When? _____

Job applied for _____ Rate of pay expected \$ _____ per hour

How did you learn of this opening? _____

Do you want to work Full Time or Part Time? Specify days and hours if part time _____

Are you available to work: Days _____; Evenings _____; Nights _____; Weekends _____; Holidays _____

Are you now employed? _____ Present Salary _____ Shift Preference _____

Do you have a financial interest in any business or plan to hold another job while working for this company? Yes No

If yes, explain _____

Are you related to anyone now working here? Yes No Whom? _____

In Case of Emergency Notify? _____
Name Address Phone

Do you have transportation to and from work? Yes No Driver's License Number _____

EDUCATION

Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16 Scholastic Honors Received _____

	Name of School	Location	Course of Study	Grade Completed	Degree Earned
High School					
College					
Other					

Were you in the U.S. Armed Forces? Yes No If Yes, what branch? _____

Dates of duty: From _____ to _____ Rank at discharge _____
MONTH DAY YEAR MONTH DAY YEAR

PROFESSIONAL LICENSES and/or CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verification

EMPLOYMENT RECORD (List last to present position first)

Present and Former Employers for last 5 years	Dates	Salary	Position and Duties	Reason for Leaving
	Employed	Range		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting		
	To	Ending		

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact.

Have you ever been convicted of a felony? _____ If so, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

For the purposes of verifying educational, professional and employment records, please list any name(s) by which you have been known other than the name under which you are applying.

PERSONAL REFERENCES

List two personal references (not relatives)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used in such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, including a fingerprint and criminal record search, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Start Date _____ Starting Rate _____ EEO- Category _____

Job _____ Department _____ Shift _____

Approved By _____ Date _____