

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number Telephone

Cell Phone Primary Email

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by (Company)?

3. How were you referred to (Company)? _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

5. Do you smoke? Yes No

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Current Employment *Please include current employment information.*

1. _____
Company Name (Current or Most Recent Employer) Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

IV. Employment Record *Please include all employment for the last five years.*

1. _____
Company Name (Current or Most Recent Employer) Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

2. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

3. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

V. References Please do not include relatives or former employers.

1. _____
Name Years Known

Address Telephone

Occupation

2. _____
Name Years Known

Address Telephone

Occupation

3. _____
Name Years Known

Address Telephone

Occupation

VI. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No

3. Can you work overtime without prior notice? () Yes () No

4. Can you work on Saturday? () Yes () No

5. Can you work on Sunday? () Yes () No

6. Can you travel if required by this position? () Yes () No

VII. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

Economy Pharmacy

PERMISSION TO CONDUCT BACKGROUND INVESTIGATION

I hereby authorize **Economy Pharmacy** or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

Name of Applicant (Print)

Other Name(s) Used During Education/Career

Current Address

Social Security Number

Date of Birth

Professional License/Certification # and State (current and inactive)

City State ZIP

Professional License/Certification # and State (current and inactive)

Applicant Signature

Date

Witness Signature

Date

Addresses for the past seven years: (If different from above)

(2) _____
Address

(4) _____
Address

City State ZIP

City State ZIP

(3) _____
Address

(5) _____
Address

City State ZIP

City State ZIP