



FAMILY
PHARMACY
GROUP

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position? _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Social Security Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? []Yes []No

Have you ever been convicted of a felony? []Yes []No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? []Yes []No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? []Yes []No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____



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EMPLOYMENT

(Most Recent First)

1. Employer: _____ Job Title: _____

Dates Employed: _____ Prior Position Held within Company (*if any*): _____

Phone: _____ Job Title: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason for Leaving: _____

2. Employer: _____ Job Title: _____

Dates Employed: _____ Prior Position Held within Company (*if any*): _____

Phone: _____ Job Title: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason for Leaving: _____

3. Employer: _____ Job Title: _____

Dates Employed: _____ Prior Position Held within Company (*if any*): _____

Phone: _____ Job Title: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason for Leaving: _____

If Needed, Please Attach Any Other Employment Information



ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations, policies and procedures, of the employer.

Signature of Applicant

Date