

Application for Employment

Debbie's Family Pharmacy is an Equal Opportunity Employer

Personal Information

Name: _____ Are you 18 years old or older?: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City) (State) (Zip)

Permanent Address: _____
(Street) (City) (State) (Zip)

Phone: _____ (mobile/home) Alternate Phone: _____ (mobile/home)

Email address: _____

Employment Desired

Position Desired (circle one): Pharmacist/Intern Pharmacy Tech Delivery Driver Cashier

Availability	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Pharmacist/Intern License Number: _____

Technician License Number: _____

Technician – Are you nationally certified? _____

Hours Desired (circle one): Full-Time (30+/week) Part-Time

Salary Desired: \$ _____ Date available to start: _____

Are you currently employed? _____

If so, may we contact your current employer? _____

Employment History

Please list your last 4 employers beginning with the most recent

Employer Name/Location/Phone	From – To (Date)	Position	Salary	Reason for Leaving
			\$	
			\$	
			\$	
			\$	

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Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered?
(circle one)

YES NO

If yes, please describe what can be done to accommodate your limitation:

References

Name	City/State	Phone	Relationship	Years Known

Emergency Contact

(Name) (Address) (Phone)

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and in the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release Debbie's Family Pharmacy, Inc. and its representatives from all liability for any damage that may result from utilization of such information. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature: _____ Date: _____