

Application for Employment at Kilgore's Medical Pharmacy

PERSONAL INFORMATION

DATE	SS#	e-mail address:	
NAME			
FIRST	MIDDLE INITIAL	LAST	DRIVER'S LICENCE # & EXPIRATION DATE
ADDRESS			
STREET	CITY	STATE	ZIP
PHONE NUMBER(S)		ARE YOU 18 OR OLDER? YES NO	
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES NO			
POSITION	DATE YOU CAN START	DESIRED WAGE	
ARE YOU CURRENTLY EMPLOYED? YES NO			
IF SO CAN WE INQUIRE OF YOU PRESENT EMPLOYER? YES NO			
IF NO, PLEASE EXPLAIN.			

EDUCATION

EDUCATION	NAME/LOCATION OF SCHOOL	#YEARS ATTENDED	GRADUATE?	TYPE OF DEGREE
HIGH SCHOOL				N/A
COLLEGE				
OTHER				

FORMER EMPLOYERS *****START WITH MOST RECENT JOB FIRST*****

COMPANY	WAGE/HR	TYPES OF DUTIES PERFORMED	DATES	REASON FOR LEAVING
NAME			FROM	
CITY,STATE				
PHONE#			TO	
SUPERVISOR				
NAME			FROM	
CITY,STATE				
PHONE#			TO	
SUPERVISOR				
NAME			FROM	
CITY,STATE				
PHONE#			TO	
SUPERVISOR				
NAME			FROM	
CITY,STATE				
PHONE#			TO	
SUPERVISOR				
NAME			FROM	
CITY,STATE				
PHONE#			TO	
SUPERVISOR				

REFERENCES

List names of 3 persons not related to you, whom you have known for at least one year. (preferably not "friends")

NAME	HOW DO YOU KNOW THIS PERSON	PHONE #	#YEARS ACQUAINTED

**What hours are you available to work? If you are a student please list your most current class schedule.
F.Y.I. Our store hours are : MON - FRI 8am to 7pm & SAT 8am to 4pm Sunday : Closed**

MON	TUE	WED	THRS	FRI	SAT	SUN
						WE ARE CLOSED ON SUN

How many hours per week would you like to work? _____

If you are currently aware of any date(s) that you are unavailable please list them below.

IS THERE ANY REASON THAT YOU WOULD NOT BE ABLE TO PERFORM THE WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOU? _____

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 the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have person or otherwise, and release all parties for liability for any damage that may result by furnishing this 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 anytime without prior notice.

X

_____ signature

_____ date

For Office Use ONLY

Date: _____ Name of Reference: _____

How long have you known this person? _____

What was your relationship to this person? _____

If they worked for you what approximate dates? _____

Would this person be available for rehire? _____ Yes _____ No

Other Notes: _____

Date: _____ Name of Reference: _____

How long have you known this person? _____

What was your relationship to this person? _____

If they worked for you what approximate dates? _____

Would this person be available for rehire? _____ Yes _____ No

Other Notes: _____

date of hire

wage