



For Management Use Only

Interviewed _____ Hired _____

Rate of Pay _____ Part-Time or Full-Time

Hours Promised _____

Employment Application

Name: _____

Address: _____
(Street)

_____ *(City)* _____ *(State)* _____ *(Zip Code)*

Email: _____ Phone: _____

Are you currently employed? YES NO

Current Employer: _____ Current Position: _____

Position you are applying for _____ Salary Requirements: _____

Date available to start _____ Full Time: Part Time:

Have you applied to Rose City Pharmacy before? YES NO If yes, when? _____

Are you willing to work an irregular schedule, overtime, different shifts, and on weekends when necessary?

YES NO If no, please explain _____

Do you have access to adequate transportation to travel to and from work? YES NO

If no, please explain _____

Have you ever been convicted of a violation of the law, other than a minor traffic violation? YES NO

If yes, please explain _____

If hired, are you able to provide the appropriate documentation as proof of your identity and employment eligibility in the United States at the time you begin work at Rose City Pharmacy? YES NO

If no, please explain _____

Rose City Pharmacy requires a background check and drug test to be eligible for hire. Are you willing to participate in both? Yes No

If no, please explain _____

Education

Please list your most recent education.

1. _____ (School) _____ (Major) _____ (Start/End) _____ Did you Graduate? (yes/no) _____
2. _____ (School) _____ (Major) _____ (Start/End) _____ Did you Graduate? (yes/no) _____

Employment History (most recent employment first)

- | | |
|--|--|
| 1. _____ (Business Name) _____
_____ (Business Address) _____
_____ (Start Date) _____ (End Date) _____
_____ (Supervisor) _____ (Phone Number) _____
_____ (Position) _____ (Rate of Pay) _____
_____ (Reason for Leaving) _____ | 2. _____ (Business Name) _____
_____ (Business Address) _____
_____ (Start Date) _____ (End Date) _____
_____ (Supervisor) _____ (Phone Number) _____
_____ (Position) _____ (Rate of Pay) _____
_____ (Reason for Leaving) _____ |
|--|--|

Other Experiences or Qualifications

Do you have compounding experience?

If yes, please give details below.

References

- | | |
|---|---|
| 1. _____ (Name) _____
_____ (Position/Occupation) _____ (Relation) _____
_____ (Phone Number) _____ | 2. _____ (Name) _____
_____ (Position/Occupation) _____ (Relation) _____
_____ (Phone Number) _____ |
|---|---|
- May we call for a reference? YES NO
- May we call for a reference? YES NO

CERTIFICATION AND AUTHORIZATION (Please Read Carefully)

I certify that all facts contained in this application are true and complete, and acknowledge that Rose City Pharmacy is relying on the accuracy of the information provided. I authorize Rose City Pharmacy to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to Rose City Pharmacy. I also authorize Rose City Pharmacy to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired; my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or Rose City Pharmacy. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

Signed: _____ Date: _____
