

DePietro's Pharmacy
"Your Hometown Pharmacy"

Last: _____ First: _____ Middle: _____ Date: _____

Email Address: _____ Phone: _____

Mailing Address: _____

Position Applied For:

PharmacyTech ___ Cashier ___ DeliveryDriver ___ Pharmacist ___

Full or Part Time: _____

Are you employed now? _____

Date you can start: _____

Source of Referral: _____

Are you prevented from becoming lawfully employed in this country because of Visa or immigration status? _____

Have you ever been arrested? _____

If yes please explain :

Have you ever been convicted of a crime, other than a traffic violation?

If yes, give all dates and reasons for conviction (A conviction will not necessarily disqualify you from employment)

EDUCATION

List all High School, College, University or Technical Training Schools	Major Course of Study	Years Completed	Degree or Certificate

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MILITARY

Are you in the U.S. Military? _____ If so, what branch? _____

From: _____ To: _____ Rank: _____

Describe any special training: _____

Are you currently in the National Guard or Reserves? _____ Which one?

EMPLOYMENT HISTORY (start with your most recent job):

1. Company Name: _____

Phone No: _____ Address: _____

Employed from: _____ To: _____

Full Time? _____ Part Time? _____

Job Title: _____ Hourly _____ Salary: _____

Supervisor: _____

Reason for leaving: _____

Duties: _____

2. Company Name: _____

Phone No: _____ Address: _____

Employed from: _____ To: _____

Full Time? _____ Part Time? _____

Job Title: _____ Hourly _____ Salary: _____

Supervisor: _____

Reason for leaving: _____

Duties: _____

3. Company Name: _____

Phone No: _____ Address: _____

Employed from: _____ To: _____

Full Time? _____ Part Time? _____

Job Title: _____ Hourly _____ Salary: _____

Supervisor: _____

Reason for leaving: _____

Duties: _____

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What other special qualifications do you have, not listed above:

Briefly state why you would like to work with our company:

Are you capable of performing the functions of the position for which you are applying, with or without reasonable accommodation?

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false/omitted information 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, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing same to you. I also consent to a background check, as well as a credit check. I understand and agree that, if hired, my employment is at the will of all parties and is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice.

Signature _____ Date _____