

Penlar Pharmacy Employment Application

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Position applied for: \_\_\_\_\_

Full time:

Part time:

**Previous Employment**

Name of Employer (Most Recent)	Address	Supervisor's name & Phone #
1. From: _____ To: _____	_____	_____
Nature work performed _____		
Reason for leaving: _____		

Name of Employer	Address	Supervisor's name & Phone #.
2. From: _____ To: _____	_____	_____
Nature work performed _____		
Reason for leaving: _____		
3. From: _____ To: _____	_____	_____
Nature work performed _____		
Reason for leaving: _____		
4. From: _____ To: _____	_____	_____
Nature work performed _____		
Reason for leaving: _____		

Were you ever discharged from a position?

Reason for discharge:

**Special training skills** \_\_\_\_\_

\_\_\_\_\_

## **Education**

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Name & Address of High School: \_\_\_\_\_

Graduated: \_\_\_\_\_

# of years attended? \_\_\_\_\_

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Name & Address of College \_\_\_\_\_

Graduated: \_\_\_\_\_

# of years attended? \_\_\_\_\_

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Hours Available to Work

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

**Do you have any restrictions regarding shifts you might be scheduled for?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **Statement**

I hereby declare that the information provided by me in this application is true, correct and complete. Any misrepresentation or falsification of this information is sufficient grounds for disqualification from employment. If hired, I may be dismissed at any time during my employment if this information is found to be false or willfully incorrect. I hereby authorize investigation of all my statements at any time with no liability arising there from.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_