

APPLICATION FOR EMPLOYMENT

Work Location_____	Rate_____
Position_____	Date_____

Kirkwood Pharmacy Group

(PLEASE PRINT PLAINLY)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date _____

Name _____ Social Security No. _____

Last
First
Middle

Current address _____

Street
City
State
Zip

Home Phone No. _____ Work Phone No. _____ Mobile Phone No. _____

Personal Email Address: _____

If hired can you provide documents required to prove that you are authorized to work in the U.S.? Yes ___ No ___ Are you 18 years of age or older? Yes ___ No ___

What method of transportation will you use to get to work? _____

Are you willing to submit to the mandatory pre-employment drug screening? Yes ___ No ___

Position(s) applied for _____ Rate of pay expected \$ _____ per hour

Were you previously employed by us? ___ If yes, when? _____

Do you have any disabilities that would interfere with your performing the job for which you have applied? Yes ___ No ___

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	Diploma/ Degree
High			1 2 3 4	Yes ___ No ___	
College			1 2 3 4	Yes ___ No ___	
Other (Specify)			1 2 3 4	Yes ___ No ___	

MILITARY SERVICE RECORD

Were you in the U.S Armed Forces? Yes _____ No _____ If yes, what branch? _____

Dates of duty: From ____ / ____ / ____ To ____ / ____ / ____ Rank at discharge _____

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

List below all present and past employment, beginning with your most recent

1. Name and Address of Company and Type of Business	From		To		Starting Salary (hourly)	Last Salary (hourly)	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

2. Name and Address of Company and Type of Business	From		To		Starting Salary (hourly)	Last Salary (hourly)	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

3. Name and Address of Company and Type of Business	From		To		Starting Salary (hourly)	Last Salary (hourly)	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

4. Name and Address of Company and Type of Business	From		To		Starting Salary (hourly)	Last Salary (hourly)	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

I hereby give permission to contact the employers listed above concerning any information you deem relevant.

Signed _____ Date _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). _____

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone No.
1		
2		
3		

PLEASE READ AND SIGN BELOW

In consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of the Company or myself. I understand that no representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the Company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____

**APPLICANT – Do not write on this page
FOR INTERVIEWER’S USE ONLY**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR’S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

NO.	RESULTS OF BUSINESS REFERENCE CHECK	NO.	RESULTS OF PERSONAL REFERENCE CHECK
1		1	
2		2	
3		3	
4			