



APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

Confidential \_\_\_\_\_

PERSONAL INFORMATION (Please Print Clearly)

Name Last First Middle Soc. Sec. Number \_\_\_\_\_

Current Address Street City State Zip How Long? \_\_\_\_\_

Previous Address How Long? \_\_\_\_\_

Are you over 25 years of age? Date of Birth Phone Number
If you cannot be reached at the phone number above, where may we contact you?

Name of person Phone Number \_\_\_\_\_

EMPLOYMENT DESIRED

Have you ever been employed at or applied for employment at Albuquerque Pharmacy before? Yes No When?

Job applied for Rate of pay expected \$ per hour

How did you learn of this opening? \_\_\_\_\_

Do you want to work Full Time or Part Time? Specify days and hours if part time

Are you available to work: Days; Evenings; Nights; Weekends; Holidays

Are you now employed? Present Salary Shift Preference

Do you have a financial interest in any business or plan to hold another job while working for this company? Yes No

If yes, explain \_\_\_\_\_

Are you related to anyone now working here? Yes No Whom?

In Case of Emergency Notify? Name Address Phone

Do you have transportation to and from work? Yes No

EDUCATION

Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16 Scholastic Honors Received

Table with 6 columns: Name of School, Location, Course of Study, Grade Completed, Degree Earned. Rows include High School, College, and Other.

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

Dates of duty: From MONTH DAY YEAR to MONTH DAY YEAR Rank at discharge

PROFESSIONAL LICENSES and/or CERTIFICATIONS

Table for Professional Licenses and/or Certifications with columns: Type, Organization or State Issued, Date Issued, Number, Verification.

**EMPLOYMENT RECORD (List last to present position first)**

Present and Former Employers for last 5 years	Dates Employed		Salary Range	Position and Duties	Reason for Leaving
	From	To	Starting		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	To	Starting		
	To		Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	To	Starting		
	To		Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	To	Starting		
	To		Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	To	Starting		
	To		Ending		

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact.

Have you ever been convicted of a felony? \_\_\_\_\_ If so, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

For the purposes of verifying educational, professional and employment records, please list any name(s) by which you have been known other than the name under which you are applying.

**PERSONAL REFERENCES**

List two personal references (not relatives)

\_\_\_\_\_

\_\_\_\_\_

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used in such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, including a fingerprint and criminal record search, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Start Date \_\_\_\_\_ Starting Rate \_\_\_\_\_ EEO- Category \_\_\_\_\_

Job \_\_\_\_\_ Department \_\_\_\_\_ Shift \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_