

HAZEL GREEN PHARMACY

Employment Application

Print out application and bring to pharmacy staff for job inquiries.

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City			State			ZIP	
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date