

GOODSON DRUG APPLICATION FOR EMPLOYMENT

Personal Information

Name:						
Address:						
City:						
Telephone Number:	Ce	Cell Phone Number:				
Birth Date:	So	Social Security Number:				
Permanent Address (if different from al	oove):					
Address:						
City:	Sta	te:	Zip Code:			
Employment Desired						
Position:						
		Desired Salary:				
Are you employed now?						
Seeking: Full Time Position		Part Time Position				
Hours available per week						
Days of week available						
Educational Background Please list the three most recent schools	s attended includ	ling high	school and college			
School/College Attended:	From:	To:	Major	Graduate?		
				_		
				_		

Employment History
Please list three most recent employers

1.	Employer's Name:				
	Address:				
	Phone Number: Position:				
	Dates of Employment: From:		To:		
	Reason for Leaving?				
2.	Employer's Name:				
	Address:				
	Phone Number:Position:				
	Dates of Employment: From:		To:		
	Reason for Leaving?				
3.	Employer's Name:				
	Address:				
	Phone Number:Position:				
	Dates of Employment: From:		To:		
	Reason for Leaving?				
General					
Do you have any previous pharmacy experience?		() Yes	() No
	re any health problems that would make o work all day standing on your feet.	() Yes	() No
Are you ab	le to work a schedule?	() Yes	() No
Do you have a valid drivers license?		() Yes	() No
	res would you be willing to deliver dicine on occasion?	() Yes	() No
Job related	skills (typing, foreign language, etc.):				
Activities (civic, athletic, etc.):				

References Please provide reference's name, address and phone number. 1. _____ **Background** *NOTE: A BACKGROUND CHECK MAY BE REQUIRED BEFORE HIRING () Yes () No Have you ever been arrested? If yes, please explain: Have you ever been convicted of a felony? () Yes () No If yes, please explain:

Are you currently on parole or probation?	() Yes	() No
If yes, please explain:		
		_
I acknowledge that I understood and honestly answered the ab	ova statomants	
Tacknowledge that I understood and hollestry answered the ab	ove statements.	
Signature:	Date:	