

MITCHELL'S PHARMACY

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire/promotion/job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Please carefully read and answer all questions thoroughly. You may attach an additional resumé, but it is not required.

Name (First, Middle, Last): _____ Date of Application: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone Number: (____) ____ - _____ Are you over the age of 18? Yes No

Driver's License # (if applying for delivery position): _____

We reserve the right to access driving records if deemed necessary.

POSITION INFORMATION

Desired Position: _____ Desired Pay: _____ Date Available to Start: _____

Please select all that apply:

Hours: Full Time Part Time Availability: Days Evenings Saturdays

Desired Days Per Week: _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you been convicted of any felonies other than minor traffic violations? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying) Yes No

If yes, explain: _____

QUALIFICATIONS

Do you have either of the following: High School Diploma GED

If yes, please list year obtained: _____

Please list any education or training you feel relates to the position you are applying for (schools, degrees, technical programs, military programs, etc.):

<i>School</i>	<i>Degree / Description of Training</i>

SKILLS

Please list any skills or experience you have that are appropriate for the position you are applying for:

EMPLOYMENT HISTORY

Starting with your current or most recent employer, list in consecutive order all employment history. If currently employed, may we contact your employer? Yes No

COMPANY:	JOB TITLE:	START DATE: _____ END DATE: _____
DUTIES:	EMPLOYER NAME: EMPLOYER CONTACT NUMBER:	STARTING PAY: _____ ENDING PAY: _____
REASON FOR LEAVING:		

COMPANY:	JOB TITLE:	START DATE: _____ END DATE: _____
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COMPANY:	JOB TITLE:	START DATE: _____ END DATE: _____
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REASON FOR LEAVING:		

REFERENCES

	NAME	CONTACT INFORMATION	RELATIONSHIP
1.			
2.			
3.			
4.			

What made you want to apply for a job with us at Mitchell's Pharmacy?

READ CAREFULLY: *I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.*

Signature: _____ **Date:** _____