

EMPLOYMENT APPLICATION

Email completed application to amandabaustert@cvpharmacy.com or deliver in person

GENERAL INFORMATION

Last Name First Name M. Initial Social Security #

Address City, State, Zip

Email Phone

Position Applying For Starting Date Available Desired Salary

Hours Available: Full Time Part Time Seasonal Permanent

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturday: _____

If You Are Currently A Student, Please Provide Class / Activity Schedule: _____

If You Hold a Pharmacy Technician License (State or National), Please Provide the License Number: _____

Are you able to perform the essential job functions of the position you are applying for with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, will you be able to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	If under 18, do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

EDUCATION INFORMATION

<u>School</u>	<u>Area of Study</u>	<u>Degree / Certificate Earned</u>
_____	_____	_____
_____	_____	_____

Other special knowledge, skills, or qualifications (list any construction, manufacturing, office, or technical skills)

Military Service (list dates, ranks, training)

EMPLOYMENT HISTORY

Resume may be attached *in place of* the Employment History.

Employer #1	Employer Address	Supervisors Name	Phone
_____	_____	_____	_____

Dates Employed	Job Title	Salary	May We Contact?
_____	_____	_____	_____

Duties & Responsibilities

Reason for Leaving

Employer #2	Employer Address	Supervisors Name	Phone
_____	_____	_____	_____

Dates Employed	Job Title	Salary	May We Contact?
_____	_____	_____	_____

Duties & Responsibilities

Reason for Leaving

Employer #3	Employer Address	Supervisors Name	Phone
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Dates Employed	Job Title	Salary	May We Contact?
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Duties & Responsibilities

Reason for Leaving

OTHER INFORMATION

Volunteer Activities

Hobbies / Interests

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I authorize the company to inquire into my education, past employment history, and references as needed to research my qualifications for this position. If employed, I will be required to provide original documents which may verify my identity and right to work in the United States under Immigration Reform and Control Act (IRCA) of 1986. The documents provided will be used for the completion of Form I-9. I hereby acknowledge that I have read and agree to the above statements.

Signature

Date