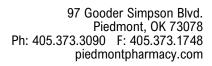


EMPLOYMENT APPLICATION

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: Monday: Thursday:	Full Time Par Tuesday: Friday:	Wednesday:	ermanent		
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 oposition you are applying for accommodations?	with or without reasonable NO	If hired, will you be able to work over YES If under 18, do you have a work per	NO		
Have you ever been convicted which has not been annulled, e	of a crime, excluding misdemean expunged or sealed by court? A y application. If yes, please explain	es response does not Y	ES NO		





EDUCATION INFORMATION

Area of Study		<u>Degree / Certificate Earned</u>	
llifications (list any construction, manu	facturing, office, or technical s	kills)	
ing)			
<u>Y</u> e Employment History.			
Employer Address	Supervisors Name	Phone	
Job Title	Salary	May We Contact?	
Employer Address	Supervisors Name	Phone	
Job Title	Salary	May We Contact?	
	lifications (list any construction, manufacturing) Y e Employment History. Employer Address Job Title Employer Address	lifications (list any construction, manufacturing, office, or technical sing) Y e Employment History. Employer Address Supervisors Name Job Title Salary Employer Address Supervisors Name	



Employer #3	Employer Address	Supervisors Name	Phone
Dates Employed	Job Title	Salary	May We Contact?
Duties & Responsibilities			
Reason for Leaving			
OTHER INFORMA	<u>TION</u>		
Volunteer Activities			
Hobbies / Interests			
CEDTIFICATION	P. ATTHODIZATION		
	& AUTHORIZATION e and correct. I authorize the company t	to inquire into my education, past ar	nnlowment history, and
references as needed to resea which may verify my identity	rch my qualifications for this position. y and right to work in the United States I be used for the completion of Form I-9	If employed, I will be required to puunder Immigration Reform and Con	rovide original documents atrol Act (IRCA) of 1986.
Signature		Date	