



Savage's Drug

Your Locally Owned Small Town Pharmacy

APPLICATION FOR EMPLOYMENT

Personal Information

Date: _____

Name (Last, First MI)		Social Security Number	
Current Address	City	State	Zip
Permanent Address	City	State	Zip
Phone Number	Referred By		

Desired Employment

Position		Start Date	Desired Wages
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?	Where?

Education History

	Name & Location	Degree/Courses Studied	Years Attended	Did you graduate?
High School				
College				
Other				

General Information

Subjects of special study/research work	
Special Training	
Special Skills	
U.S. Military or Naval Service	Rank



Employment History

Date (Month & year)	Employer's Name & Address	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Personal & Employment References

List three references not related to you that you have known at least one year.

Name	Phone	How you know them	Years known

Additional Information

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.) Yes No

If the answer is yes, furnish details of the conviction, offense, location, date, and sentence:

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician? Yes No

If the answer is yes, furnish details:

Authorization

EVALUATION Information about you furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of your qualifications.

PRIVACY In keeping with fair employment practices and the protection of your right of privacy, the results of inquiries conducted in connection with this application will be held in confidence by this pharmacy.

By signing below, I certify that all of my answers and statements on this application are true and complete to the best of my knowledge. I understand that if an inquiry discloses that any of my answers or statements are untrue or misleading, my application may be rejected or, if I am employed by the pharmacy, my employment may be terminated. I also understand that if I am employed by the pharmacy, my employment will be "at will" and my employment may be terminated with or without cause at any time at the option of the pharmacy.

Applicant's Signature: _____ Date: _____

Savage's Drug is an equal opportunity employer. It is our policy to afford equal employment opportunity and advancement opportunity for all qualified individuals without distinction or discrimination because of race, religion, ethnicity, national origin, disability, age, sexual orientation, gender and/or other basis prohibited by applicable law.

----- DO NOT WRITE BELOW THIS LINE -----

Interviewer's Comments:

Interview Date: _____