

# ALBERS MEDICAL PHARMACY APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

## PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_

REFERRED BY \_\_\_\_\_ ARE YOU 18 YEARS OF AGE OR OLDER?    YES    NO

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW?    YES    NO    IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?    YES    NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?    YES    NO

## EDUCATION

	NAME/LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED/ DEGREES RECEIVED
HIGH SCHOOL		1 2 3 4	YES    NO	
COLLEGE		1 2 3 4+	YES    NO	
TRADE/BUSINESS SCHOOL		1 2 3 4	YES    NO	

WHAT ARE SOME OF YOUR SPECIFIC SKILLS THAT YOU COULD APPLY TO THIS JOB?

\_\_\_\_\_

\_\_\_\_\_

(CONTINUED ON OTHER SIDE)

## HISTORY OF EMPLOYMENT/REFERENCES

List below your last four employers, starting with the most recent one first.

DATE MONTH AND YEAR	NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	SALARY (UPON LEAVING)	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

List below three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS AND PHONE	POSITION	YEARS ACQUAINTED

## AREAS OF INTEREST

Please answer in complete sentences.

WHAT INTERESTS YOU ABOUT THIS PARTICULAR POSITION?

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WHAT EXPERIENCES DO YOU HAVE IN A PHARMACY OR OTHER RELATED FIELD?

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I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without cause and without any previous notice.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_