



**Sinks Pharmacy  
Medley Pharmacy  
Towne Pharmacy  
Steelville Drug**

## EMPLOYMENT APPLICATION

Please print, fill out, and take to the location nearest you. All employment applications will be reviewed by the store manager and filed for future openings.

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment / Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Per \_\_\_\_\_

Desired Position / Location: \_\_\_\_\_

#### SCHEDULE AVAILABILITY: (check one)

- ☐ I am available and desire to work FULL-TIME (40 hours per week) and do not have restrictions on my hours and days.  
☐ I am available and desire to work FULL-TIME (40 hours per week) and am available to work the hours / days indicated below.  
☐ I am available and desire to work PART-TIME and do not have any restrictions on my hours and days.  
☐ I am available and desire to work PART-TIME and am available to work the hours / days indicated below.

HOURS AVAILABLE	MON	TUES	WED	THUR	FRI	SAT	SUN
FROM <i>please indicate am or pm</i>							N / A
TO <i>please indicate am or pm</i>							N / A

**NOTE:** Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Are you a citizen of the United States? (circle one)  
(proof of identity and eligibility will be  
required upon employment)

YES NO  
☐ ☐

If NO, are you authorized to work in the U.S.? YES NO  
☐ ☐

Have you ever worked for this company? (circle one)

YES NO  
☐ ☐

If YES, when? \_\_\_\_\_

If YES, what was your position? \_\_\_\_\_

Have you ever been convicted of a felony? (circle one)

YES NO  
☐ ☐

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY including MILITARY SERVICE

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

## EDUCATION

High School: \_\_\_\_\_

Did you graduate?      YES      NO  
   ☐      ☐

Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

College: \_\_\_\_\_

Did you graduate?      YES      NO  
   ☐      ☐

Address: \_\_\_\_\_

Degree: \_\_\_\_\_

Other: \_\_\_\_\_

Did you graduate?      YES      NO  
   ☐      ☐

Address: \_\_\_\_\_

Degree: \_\_\_\_\_

## REFERENCES

*Please list three professional references.*

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

*I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Medley Pharmacy, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Medley Pharmacy, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.*

*I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.*

*I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will, and that either I or the Employer may terminate my employment at any time with or without notice or cause.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_