



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

EMPLOYMENT APPLICATION

Please email completed application to jobs@sinksrx.com or else print and take to the location nearest you. All employment applications will be reviewed by the store manager and filed for future openings. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

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: _____