
EMPLOYMENT APPLICATION

Main at Locust Pharmacy Clinic & Main Healthcare Pharmacy

We consider applicant for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement: _____ Friend _____ Relative _____ Walk-In _____ Employment
 Agency: _____ Other: _____

Name: _____

Address: _____ Phone #: _____

SSN #: _____ Salary Desired: _____

If employed and you are under age 16, can you furnish a work permit: _____.

If you are applying for a delivery driver position you must be 18 years or older. Are you 18 years or over?
_____ Yes _____ No

Have you filled out an application here before? _____ If yes, please give dates: _____

Are you employed now? _____ May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
_____ Yes _____ No

On what date would you be available for work? _____

Are you available for: Full Time: _____ Part-Time: _____ Shift Work: _____ Temp.: _____

Are you on a lay-off and subject to recall? _____

Can you travel if a job requires it? _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? _____ Yes _____ No

If yes, explain: _____

Persons seeking employment in a position, which will provide in-home services, will have a criminal history and dependent abuse history check performed. Signature below indicates acknowledgement that the applicant has been informed that such record checks will be performed.

Signature

Date

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EMPLOYMENT EXPERIENCE

Start with your present or last job; include military service assignments and volunteer activities. You may exclude organization name, which indicates race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed	Job Title	Work Performed	Salary (Starting/Ending_	Supervisor Name

EDUCATION

	School Name	Degree Earned	Honors Received	Grade Average
Elementary				
High School				
College (year Graduated)				
Graduate				

Specialized training, apprenticeship skills and extra-curricular activities:

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History: Have you ever had any of the following in the last 3 years?

Moving Violation: _____

Traffic Accidents: _____

DUI: _____

If yes, please explain detail: _____

Please sign below to release all your traffic history information to William Burke, Ltd.:

Signature

Date

Please list professional, trade, business or civic activities and/or offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status).

Give Name, Address and Phone number of three references whom are not related to you and are not a previous employer.

APPLICANT'S STATEMENT

(ALL APPLICANT'S MUST SIGN BELOW)

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 3 months. Any applicant wishing to be reconsidered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature

Date