

DWAYNE'S FRIENDLY PHARMACY - Employment Application

Please Print

Date _____ Last Name _____ First Name _____ Middle _____

Present Address

No. & Street _____ City _____ State _____ Zip _____ - _____

Permanent Address (if different from present address)

No. & Street _____ City _____ State _____ Zip _____ - _____

() - () - _____
Cell Phone _____ Home Phone _____ E-mail Address _____

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? From: _____ To: _____

Are you available for work on weekends? Yes No

If hired, on what date can you start work? _____ Salary desired: _____

Personal Information

Have you ever applied to or worked for Dwayne's Friendly Pharmacy before? Yes No

If yes, when? _____

Why are you applying for work at Dwayne's Friendly Pharmacy?

Do you have any special training, skills, speak a foreign language or other qualifications? _____

If you are in High School, do you play sports? Yes No If Yes, Which? _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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Are you currently employed?... Yes No If so, may we contact your current employer? Yes No

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	GPA
High School	Name _____ Location _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	Name _____ Address _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. (____) ____ - ____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (____) ____ - ____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

Name of Employer _____ Telephone No. (____) ____ - ____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____
Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. (____) ____ - ____

Location _____ Occupation _____ No. of Years Acquainted _____

References, continued

_____	_____	() - _____
First Name	Last Name	Telephone No.
_____		_____
Location	Occupation	No. of Years Acquainted

_____	_____	() - _____
First Name	Last Name	Telephone No.
_____		_____
Location	Occupation	No. of Years Acquainted

IN CASE OF EMERGENCY, NOTIFY: _____
Name/Relationship

ADDRESS: _____ **TELEPHONE NUMBER:** _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Dwayne's Friendly Pharmacy to thoroughly investigate my references, work record,
Initials education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date Applicant's Signature _____