THOMPSON PHARMACY
EMPLOYMENT APPLICATION

Last Name:_____ First Name: _____ Middle Initial: ____ Date: _____

Social Security: _____ Email Address: _____ Phone: _____

Address: _____ City/State/Zip: _____ County: _____

Emergency Contact: _____ Emergency Phone: _____

Position Applied For: _____ Salary Desired: _____ Full or Part Time: _____

Are you employed now? _____ Date you can start: _____ Source of Referral: _____

Have you ever been employed by this company before? _____ If so, when? _____

Reason for leaving: _____

Are you prevented from becoming lawfully employed in this country because of Visa or immigration status? _____

Have you ever been arrested? _____ If yes, please explain _____

_____

Have you ever been convicted of a crime, other than a traffic violation? _____ If yes, give all dates and reasons for conviction (A conviction will not necessarily disqualify you from employment) _____

Are you over the age of 18? _____ Are you under the age of 16? _____ Age and birth date if under 18: _____

MINORS

Minors - This section to be completed ONLY if you are under the age of 18:

If you are under age 18, do you have a work permit from your school district? _____ (Attach copy of work permit to application)

Time dismissed from school: _____ Can you work school nights? _____ Can you work weekends? _____

School activities that would require schedule adjustments: _____

EDUCATION

List all High School, College, University or Technical Training Schools	Major Course of Study	Years Completed	Degree or Certificate

What school activities and organizations did you participate in? (Please do not list those activities which would reflect race, color, religion, national origin, handicap or ancestry): _____

MILITARY

Are you in the U.S. Military? _____ If so, what branch? _____ From: _____ To: _____

Rank: _____ Describe any special training: _____

Are you currently in the National Guard or Reserves? _____ Which one? _____

EMPLOYMENT HISTORY (start with your most recent job):

Company Name: _____ Phone No: (_____) _____
Address: _____ Employed from: _____ To: _____
_____ Full Time? ____ Part Time? _____ Temp?_____
Job Title: _____ Hourly Salary: _____
Supervisor: _____ Title: _____ Reason for leaving: _____
Duties: _____

Company Name: _____ Phone No: (_____) _____
Address: _____ Employed from: _____ To: _____
_____ Full Time? ____ Part Time? _____ Temp?_____
Job Title: _____ Hourly Salary: _____
Supervisor: _____ Title: _____ Reason for leaving: _____
Duties: _____

Company Name: _____ Phone No: (_____) _____
Address: _____ Employed from: _____ To: _____
_____ Full Time? ____ Part Time? _____ Temp?_____
Job Title: _____ Hourly Salary: _____
Supervisor: _____ Title: _____ Reason for leaving: _____
Duties: _____

What other special qualifications do you have, not listed above: _____
_____

Briefly state why you would like to work with our company: _____
_____

Are you capable of performing the functions of the position for which you are applying, with or without reasonable accommodation? _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	YRS KNOWN	TELEPHONE NO

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false/omitted information on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing same to you. I also consent to a background check, as well as a credit check. I understand and agree that, if hired, my employment is at the will of all parties and is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice.

Applicant Signature _____ Date _____