

Application for Pharmacy Employment

Personal Information

Full Name

Address

City

State/Province

ZIP/Postal Code

Day Time Telephone

Driver's License Number

Social Security Number

Evening Telephone

Email Address

Favorite Book

Favorite Movie

Hobbies or Interests

Experience and Skills

Have you had experience in the following:

What is your skill level?

	Yes	No	Fair	Good	Excellent
Typing					
Computerized bookkeeping					
In-home computer					
Ten-key adding machine					
Account collections					
Customer service					
Pharmacy terminology					
Ordering/Receiving product					
Insurance processing					
Appointment scheduling					
Pharmacy regulations					
CPR training					
Fast paced environment					
Other:					

How much work time have you lost because of illness in the last 2 years? _____

Check times willing to work:

- 0 Days
- 0 Evenings
- 0 No. of days per week _____
- 0 Full time
- 0 Part time
- 0 Hours per week _____

Circle days of the week you will NOT be available for work:

Monday Tuesday Wednesday Thursday Friday

Can your future vacations be arranged at office convenience? YES NO

If no, explain: _____

If offered employment, when can you start? _____

Salary requirement: _____

Fringe benefit requirements:

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

A conviction record will not necessarily be a bar to employment.

Employment History

List present or most recent position first. Cover last 7 years, including periods of self-employment, or unemployment. Fill in all information – DO NOT SUBSTITUTE WITH A RESUME

May we contact your present employer?

YES

NO

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____

Beginning salary or wages: \$	Ending salary or wages: \$
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Name of employer:	
Supervisor's name:	
Supervisor's title:	
Address:	
Phone numbers:	
Your last name at time of employment:	
Position:	
Describe major duties:	
Specific reason for leaving:	
Employed from: _____ to: _____	Total years employed: _____ Total months employed: _____
Beginning salary or wages: \$	Ending salary or wages: \$

Skills	
Why are you thinking about a job change?	
Why are you interested in Aron's Pharmacy in particular?	
Strengths & Weaknesses	
What do YOU consider your top three strengths?	When we contact YOUR EMPLOYER, what will he/she say your strengths are?

What do YOU consider your top three weaknesses?

When we contact YOUR EMPLOYER, what will he/she say your weaknesses are?

Description of Your Next Ideal Job

How many hours do you work per week in your ideal job?	What time do you start your workday?	What time do you end your workday?
How many weeks of vacation do you take each year?	Where is your office?	Are you, for the most part, working alone or with others? Alone With others
What does your office look like?		
What are you wearing?		
What are you doing?		
What is your boss like?		
What are you earning?		

Description of the Next Wrong Job For You

Think of jobs you had in the past. What were things that you disliked? (Do not list the job or company.)

What type of work do you prefer NOT to do?

What type of boss do you prefer NOT to work with?

What level of salary do you consider too low?

I prefer NOT to earn less than \$_____ in annual gross pay.

Candidate's Reference List

Job References			
1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
References from Throughout Your Industry			
1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
References from Your Customers			
1	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
2	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
3	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
4	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	
5	Name	Relationship	Approximate Date Worked With
	Telephone	Email Address	



Read this very carefully before signing your name!

Permission to Contact References	
By signing below, I give Aron's Pharmacy permission to contact all of the references that I listed <u>in addition</u> to any other people that my references might suggest that Aron's Pharmacy contact.	
Your Signature	Date
Your Comments	

General Agreement

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I understand that all offers of employment are conditioned on my legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time in its discretion.

Authorization to check references

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals who you may contact provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the employer or any of its agents, employees, or representatives.

At-will employment relationship

I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of the practice, other than its owner(s), has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the owner(s) of the practice may not alter the at-will nature of the employment relationship unless it is done specifically and in writing that is signed.

Applicant signature

date

Please complete the following information in your own handwriting. PLEASE DO NOT PRINT.

1. Describe the responsibilities on your present or last job. Please give a detailed response to this and the following questions.
2. What factors would contribute to your sense of satisfaction on a job?
3. What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?
4. What specific aspects of your education or experience do you consider to be beneficial to this position?

PLEASE SIGN YOUR NAME BELOW.