

United Community Pharmacy
 2500 New Brighton Blvd, Suite 105
 St. Anthony, MN 55418
 Tel: (612) 259-8275; Fax: (612) 259-8286



APPLICATION FOR EMPLOYMENT

Federal and State Laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veterans employment. We are an equal opportunity employer.

PERSONAL INFORMATION

DATE _____

 LAST FIRST MIDDLE SS ____ / ____ / ____

 ADDRESS CITY MN ZIP

 PHONE NO REFERRED BY _____

 IN CASE OF EMERGENNCY NOTIFY NAME ADDRESS PHONE

US MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
 IF YES, COMPLETE DISCLOSURE OF CRIMINAL CONVICTION INFORMATION FORM.

EMPLOYMENT DESIRED

POSITION: PIC __ STAFF PHARMACIST __ PHARMACY TECHNICIAN __ OTHER: _____

DO YOU HAVE CURRENT LICENSE FOR THIS POSITION YES NO CURRENT CERTIFICATION YES NO

HAVE YOU PASSED COMPETENCY TESTING? YES NO DO YOU HAVE A CERTIFICATE? YES NO

DO YOU HAVE A CURRENT DRIVERS LICENSE YES NO CAR YES NO

ARE YOU EMPLOYED? YES NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	DEGREE/CERTIFICAION
HIGH SCHOOL	_____			
COLLEGE	_____			
ADDITIONAL TRAINING	_____			

**FORMER EMPLOYERS:
(LIST BELOW LAST FOUR EMPLOYERS: STARTING WITH LAST ONE FIRST)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES:

GIVE BELOW THE NAMES OF THREE WORK RELATED REFERENCES

NAME	ADDRESS	COMPANY/POSITION	PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYEMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I HEREBY AGREE THAT, AS A CONDITION OF EMPLOYEMTN BY THE AGENCY. I WILL PROMPLY INFORM THE AGENCY IN WRITING OF CRIMINAL CONVICTIONS, IN ANY JURISDICTION (INCLUDING ALL PLEAS OF GUILTY). OTHER THAN MINOR TRAFFIC OFFENSES, OF WICH I AM CONVICTED AFTER TODAY.

SIGNATURE DATE

OFFICE ONLY

PROFESSIONAL APPEARANCE: _____

STRENGTHS: _____

WEAKNESSES: _____

GENERAL COMMENTS: _____

RECOMMENDED ACTION: _____

INTERVIEWER _____