Application for Employment

Please fill out form completely for employment consideration. Email application to kelly@rutlandpharmacy.com

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Informatio	n		
Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			I
Business Phone () -			Email Address:
What was your previous address	ss?		How long at present address?
			Years Months
Are you over 18 years of age? If not, employment is subject t		legal age.	
Have you ever applied for emp Yes No If Yes: Month and Year	•		Social Security No.
How did you learn of our organ	ization?		I
Are you legally eligible for emp	loyment in the United Stat	tes?	When will you be able to work?
Are you employed now?	I	f so, may we inquire o	of your present employer?
Have you been convicted offenses, which has not b Yes, describe in full.			ng misdemeanors and summary court?

	nere any reasons for which you might not be nable accommodation)? If Yes, please explain.	e able to perfo	orm the job du	ities (with	a	
Drivers	License# S	tate		Any Violations?		
Educa	ation					
Scho	ool Name and location of school	Course o	No. of years completed	Did you graduate?	Degree or diploma	
Colle	ge			Yes No		
Higl	h			Yes No		
Trad Scho				Yes No		
Othe	er			Yes No		
Desir	ed Employment Position					
	ich position are you currently applying?	F	or which Smilin	Steve location	า?	
Describe your availability (days/times)		С	Desired Salary:			
			Desired Hours Per Week:			
	oyment History Please give accurate, Start with present or most recent employe		-time and par	rt-time emp	loyment	
Co	ompany Name		Telephone)		
Ad	Address		Employed (Start Month and Year)			
1.				From To		
Na	Name of Supervisor			Hourly Rate Start Last		
Sta	Start Job Title and Describe Your Work			Reason for Leaving		

	Company Name			Telephone			
	Address				Employed (Start Month and Year)		
2.				From	To		
	Name of Super	visor		Hourly Rate	10		
				Start	Last		
	Start Job Title and Describe Your Work			Reason for Leaving			
	Company Name			Telephone			
				()	-		
	Address			Employed (Start Mo	onth and Year)		
3.				From	То		
	Name of Supervisor			Hourly Rate			
				Start	Last		
	Start Job Title and Describe Your Work			Reason for Leaving			
	Company Name			Telephone			
	Address			()	-		
	Address			Employed (Start Month and Year)			
4.				From	То		
	Name of Super	Name of Supervisor			Hourly Rate		
				Start	Last		
	Start Job Title and Describe Your Work			Reason for Leaving			
We may contact the employers listed above			Do not contact				
		Employer Number(s)					
contact.			Reason				
			,				
	ferences: Giv st one year.	ve below the names of three person	ons not related	d to you, whom you	u have known at		
	Name	Address		Business	Years		
1.	T VALLE	- Tuai ess		Dusiness	Acquainted		
2.							
3.							

The information provided in this Application for Employment is true, correct and complete. If
employed, any misstatements or omissions of fact on this application may result in my dismissal.
understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
f you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.
f a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.
 DateSignature

Please complete and email a copy of this form to: kelly@rutlandpharmacy.com