

## **Application For Employment Discount Drug Mart**

An Equal Opportunity Employer

AN EMPLOYEE OWNERSHIP COMPANY						/	/		
<b>General Information</b>	on								
Name					E-Mail				
Last	First			Middle					
Address How long at this address?  Street Apt/Suite# City State Zip									
Home Phone ( )			Cell Phone (	)					
Are you authorized to work in the United States? Yes \( \Box\) No \( \Box\) Are you at least 18 years of age? Yes \( \Box\) No \( \Box\)									
Have you ever worked at Discount Drug Mart? Yes □ No □				If so, when and where?					
Reason for leaving?				,					
	ommloves of D	issaunt Dava N	Mont? Voc	□ No □					
Are you acquainted with any	employee of L	iscount Drug N	Mart? Yes	<u> </u>					
If so, name of employee?				Location em	ployed?				
Do you have transportation to work? Yes □ No □									
Position applying for? Date available? Minimum salary requirement?									
Interested in? (check all that apply) Part-time □ Full-time □ Days □ Evenings □ How many hours a week can you work?									
Are you employed now? Yes □ No □ If no, please explain:									
Do you have any duties or responsibilities which may interfere with your employment at Discount Drug Mart? Yes □ No □									
If yes, please describe.									
Availability Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Open Ava	ilability	
From	Ĭ		·			·	Yes	•	
To							165	Ц	
Education									
Towns of Coloral			I agation of Cahaal		e/Area	Number of	Gradu	ated	
Type of School	Name and Location of School			of S	tudy	Years	(check	one)	
Elementary	Name: City & State:						Yes□	No□	
High School	Name:						Yes□	No□	
	City & State:								
	Name•							No□	
College	Name: City & State:						Yes□	110=	
College Graduate School	City & State: Name:						Yes□	No□	
Graduate School	City & State: Name: City & State: Name:						Yes□	No□	
Graduate School Other	City & State: Name: City & State: Name: City & State:								
Graduate School Other U.S. Military Servi	City & State: Name: City & State: Name: City & State:						Yes□ Yes□	No□	
Graduate School Other	City & State: Name: City & State: Name: City & State:	Techn	ical Special	ization		Rank At	Yes□ Yes□	No□	
	City & State: Name:								
Graduate School Other U.S. Military Servi	City & State: Name: City & State: Name: City & State:	Techn	ical Special	ization		Rank At	Yes□ Yes□	No□	

Employment H	story (most rec	ent first)			
List employment startin May we contact your pr Please indicate if you w	resent employer? You	es □ No□ Past Emp	oloyer? Yes   No		
Company Name		Location or C	lity		
Job Title		Name of Supervisor		Phone	
Date Started	Date Left	Reason for Le	eaving		
Company Name	r	Mo/Yr  Location or C	Sity		
Job Title		Name of Supervisor		Phone	
Date Started Mo/Y	Date Left	Reason for Le	eaving		
Company Name		Location or C	ity		
Job Title		Name of Supervisor		Phone	
Date Started Mo/Y	Date Left	Reason for Le	eaving		
Skills & Qualifi	cations				
		and from analogues to			
Summarize special skin	s and quantications a	acquired from employment o	r other experience.		
State any additional info	ormation you feel ma	y be helpful to us in consider	ring your application.		
References					
		or current coworkers and/or			_
Name	Relation	ship or Company Name	Phone Number	Years Known	E-Mail Address
	+				
Legal (Please rea	d carefully)				
records of conviction or	arrest nor will such	ner than a minor traffic violat information be asked of you alify you from the job for wh	or considered in employme		
Yes □ No □ If yes, p	lease explain offe	nse and final disposition	:		
•		nd complete to the best of my view(s) is grounds for refusal	_	•	isleading
		t may be terminated by me of at this application is not and			
I acknowledge that this	application will rema	ain active for no more than (9	90) days from date it was m	ade	
	-	for employment, we may obtagency. Please review and si	_	_	
Signature of Applicant			Date		