

# Application for Employment

Revised Oct 2006

Weaverville Drug Co.  
Weaverville, NC 28787

Position Applied For \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Present

Address: Street \_\_\_\_\_ PO Box \_\_\_\_\_

How Long?

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Type and how much \_\_\_\_\_

Do you use alcohol? \_\_\_\_\_ Do you now or have you in the past used marijuana or other  
illegal drugs? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you willing to take a drug or substance test? \_\_\_\_\_

Have you ever been charged with or convicted of a felony or any drug related crime?  
\_\_\_\_\_ If yes, please explain (attach additional explanation or information if applies)

Are you related to any current employee of the Company? \_\_\_\_\_ Who? \_\_\_\_\_

What motivated you to apply for a position with our Company? \_\_\_\_\_

\_\_\_\_\_ If  
you were referred by someone, who referred you? \_\_\_\_\_

## EMPLOYMENT INFORMATION

Most Recent Employer \_\_\_\_\_ May we inquire? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor or contact person \_\_\_\_\_

Date Started \_\_\_\_\_ Leaving Date \_\_\_\_\_

Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_

Duties and description of work \_\_\_\_\_

Reason for leaving or seeking other employment \_\_\_\_\_

Comments on your work history and skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer \_\_\_\_\_ Your position \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor or contact person \_\_\_\_\_  
Date Started \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Final Wages \_\_\_\_\_  
Duties and description of work \_\_\_\_\_

Reason for leaving or seeking other employment \_\_\_\_\_

Please attach list of your employment history and approximant dates.

### **EDUCATION AND TRAINING**

School	Name	Location	Years Attended	Did you Graduate?
Grammar	_____	_____	_____	_____

High School \_\_\_\_\_

Trade or Tech School \_\_\_\_\_

College \_\_\_\_\_

Major or Course of Study? \_\_\_\_\_

Are you licensed or registered as a Pharmacist or Pharmacy Technician? \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_ Is your license in good standing and active? \_\_\_\_\_ Have you ever been excluded from Medicaid or Medicare? \_\_\_\_\_

### **REFERENCES**

Please give the names of at least three persons, not related to you, whom you have known for over 1 year. If possible, list at least 1 former business associate or co-worker and your pastor.

Name	Address	Business	Phone	Years Acquainted
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Please list any Civic, Social, School, Church and Professional Organizations with which you have been associated.

Name	Location	Your Position

OTHER INFORMATION

Please list any other information and skills you possess that you feel may be of value to our company. Previous work history or skills not listed above may be listed here. If you are licensed, registered or certified in any skill or profession, other than what you listed above, please list here.

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HEALTH INFORMATION

Do you currently have health insurance? \_\_\_\_\_  
Do you have any current or long term health problems? \_\_\_\_\_ If so, please give details below. (Attach additional information if needed)

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Do you have any restrictions on your driver's license? \_\_\_\_\_  
Are there any physical conditions that would limit your activities at work? \_\_\_\_\_  
If yes, what are they? \_\_\_\_\_  
May Weaverville Drug Co. inquire of your physician concerning your health? \_\_\_\_\_

Name of Physician	Address	Phone #

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**FAMILY INFORMATION** (Required if under age 18)

Name of Parents

Address

Phone

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If you are Under 18 years of age or still in school, we will require your parent's approval for you to work for our Company. Workers permit is required for anyone under 16 years of age.

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize Weaverville Drug Co. to investigate any and all statements contained herein, and to contact my references and employers (Unless I have requested that present employer not be contacted.) I also authorize any references or employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Weaverville Drug Company from all liability for any damage that may result from the utilization of such information. I also authorize my physician to release any information that may relate to my ability to perform the duties of the position for which I am being considered.

Weaverville Drug Co. will protect any personal information and use that information only as needed to consider the qualifications of the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By accepting an application for employment, Weaverville Drug Co. makes no commitment concerning the availability of a position in our company. The applicant will be considered only when and if we have an opening. A person who is being considered for a position will normally be called in for an interview. Weaverville Drug Co. normally will attempt to contact persons selected for interview to advise them whether or not they have been chosen for a position. Placing an application is no guarantee of an interview or other consideration.

Applications will be kept on file for a period of 6 months. You may be contacted any time within that period if a position for which you would seem qualified becomes available. Submitting an application does not bind an applicant to accept a position if offered.

Weaverville Drug Co. is a smoke free work place. No smoking breaks or other concessions are given to smokers. Preference in hiring will be given to non-smokers.

Attach resume or other information if you desire.