

APOTHECARE SOUTH SHORE, INC
APPLICATION FOR EMPLOYMENT

Today's date _____

An equal opportunity employer

Personal Information		
Name (First, MI, Last)	Social Security Number	
Street Address		
City, State, and Zip code		
Daytime Telephone	Alternate Telephone	E-mail address

If more space is needed to answer any of the following questions, please use one or more additional sheets of paper.

Employment Desired		
Pharmacist _____ Technician _____ Cashier _____ Delivery person _____ Stock person _____ Other _____		
Salary Desired: _____ Starting Date Desired: _____ Part-time _____ Full-time _____		
Availability: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____		

Employment History				
Job Title	Start Date	End Date	Hrs/week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			Hourly rate of pay	
Job Title	Start Date	End Date	Hrs/week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			Hourly rate of pay	
Job Title	Start Date	End Date	Hrs/week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			Hourly rate of pay	

Education History			
High School	From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location		Type of degree or diploma	
College	From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location		Type of degree or diploma	
Other Schooling	From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location		Type of degree or diploma	

Special skills, training
Please describe any special skills, such as fluency in a foreign language, that you believe would be related to the position for which you are applying:

Additional InformationAre you 18 years of age or older? Yes No Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen, does your visa or immigration status permit you to become lawfully employed?

Yes No **PHARMACISTS AND PHARMACY TECHNICIANS ONLY**

Registration Number _____ State _____

Is your registration currently in good standing? Yes No

If you checked "No" please explain the circumstances:

Are you aware of any matter that could result in a proceeding to suspend or revoke your registration?

Yes No Has your registration ever been suspended or revoked? Yes No

If you checked "Yes", please explain the circumstances:

References

Please identify three people who are not related to you who you have known for at least two years:

Name Telephone or E-Mail

Address

Name Telephone or E-Mail

Address

Name Telephone or E-Mail

Address

I certify that all of my answers and statements on this application are true and complete to the best of my knowledge. I understand that if an inquiry discloses that any of my answers or statements are untrue or misleading, my application may be rejected or my employment terminated; and that in any event if I am employed by the pharmacy, my employment will be "at will", and may be terminated with or without cause at any time at the option of the pharmacy. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of applicant _____

Date _____

DO NOT WRITE BELOW THIS LINE

Interviewers remarks: