

# Walberg Family Pharmacies An Equal Opportunity Employer.



## Application For Employment

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.

All statements made by applicants for employment on this application will be checked for accuracy.

<b>Date:</b>	<b>E-mail:</b>		
<b>Name (Print In Ink):</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Social Security Number:</b>		<b>Phone:</b>	<b>Cell:</b>
Are you over 18?		Do you have the legal right to work in the U.S.?	
Date you are available to start:		How many hours/week do you want?	Expected Hourly Rate:
Have you ever worked for Walberg Family Pharmacies before?			Location:
Have you ever been convicted of a felony, or been incarcerated in connection with a felony? <small>A conviction will not necessarily exclude you from employment.</small>			Yes      No
If you answered "Yes", please explain:			

## Work Schedule Availability

What hours are you available to work? Shifts start as early as 9 AM and end as late as 7 PM.

Please list earliest and latest times you are available in each box.

								Are you willing to work: Weekends? Holidays? In an Emergency?
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
AM								
PM								

## Education

**Name and Location of School:**

**Major / Degree?**

High School		
College		
Other		

## Work History - List your last 3 jobs. Please fill out all information completely.

	Current or Most Recent Job	Previous Job	Previous Job
Company Name:			
Company Address:			
Company Phone:			
Supervisor's Name:			
Job Title / Position:			
Dates of Employment:	/	/	/
	Month / Year to Month / Year	Month / Year to Month / Year	Month / Year to Month / Year
Reason for Leaving:			
Rate of Pay?	/	/	/
	Start / End	Start / End	Start / End

I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal. I authorize Walberg Family Pharmacies to check all personal and employment references and to verify all information I have included on this form.

**Signature:**

**Date:**