



## II. Educational History

School Name/Location

Years Completed

Degree/Diploma

Elementary \_\_\_\_\_

\_\_\_\_\_

Jr. High \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

Technical Training \_\_\_\_\_

\_\_\_\_\_

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Other \_\_\_\_\_

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### III Employment Record

Please include all employment for the last five years. Use back if necessary.

1. \_\_\_\_\_  
Company Name (Current or Most Recent Employer) \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To  
\_\_\_\_\_ Manager / Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Wage/ Salary \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. \_\_\_\_\_  
Company Name \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To  
\_\_\_\_\_ Manager / Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Wage/ Salary \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. \_\_\_\_\_  
Company Name \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To  
\_\_\_\_\_ Manager / Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Wage/ Salary \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Note:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name \_\_\_\_\_

Reason \_\_\_\_\_

**IV. References** *Please do not include relatives or former employers.*

1. \_\_\_\_\_  
Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_

**V. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work?  
\_\_\_\_\_
2. Do you have any objection to working overtime? ( ) Yes ( ) No
3. Can you work overtime without prior notice ( ) Yes ( ) No
4. Can you work on Saturday ( ) Yes ( ) No
5. Hours of operation are M-F 8:30-6:30 Sat 8:30-1.  
Do you have any limitations to work during these times? ( ) Yes ( ) No

**VI. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_



## Authorization and General Release

The undersigned, in connection with this application authorizes all corporations, companies, agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to LInton Family Pharmacy or its agents and releases them from any liability or responsibility from doing so.

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Applicant's Name

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Applicant's Signature

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Witness

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Date