

**Linton Family Pharmacy**  
**Application for Employment**  
(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: \_\_\_\_\_

**I. Personal Information**

\_\_\_\_\_  
Name:                      last    first    Middle

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Permanent Address (if different than above)

\_\_\_\_\_  
Social Security Number    Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

**Position Applied For:**

\_\_\_\_\_

1. Is there any information we should need about your name or use of another name for us to be able to check your work record? Please specify:

\_\_\_\_\_

2. Do you have any relative who are presently ( or have formerly been ) employed by Linton Family Pharmacy?

\_\_\_\_\_

3. How were you referred to Linton Family Pharmacy?

\_\_\_\_\_

4. Have you ever been convicted of a felony?  Yes  No If yes, please explain:

---

---

---

---



---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### 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.

---

Applicant's Name

---

Applicant's Signature

---

Witness

---

Date