

# J & D Pharmacy/HomeAide Supplies & Services - Application for Employment

**PO Box 1599, Warsaw, Mo. 65355 (660) 438-7331**

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.*

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last
First
Middle
Maiden Name if Applicable

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

Present Address \_\_\_\_\_  
Street
P.O. Box (if any)
City
State
Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_

Name and department of any relative(s) employed by this company \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Applying for:  full time  part time

Would you consider working weekends & holidays?  yes  no

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Have you applied with our company before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you a U.S. citizen or an alien legally authorized to work in the United States?  yes  no

Have you ever been convicted of a felony?  yes  no If yes, explain: \_\_\_\_\_

*A felony conviction does not automatically disqualify you from employment.*

After reviewing the functions of the job you are applying for, do you have any physical/mental condition that would substantially limit your ability to perform that job? If yes, explain: \_\_\_\_\_

**EDUCATION**

	Name & location of school.	Last year completed.	Did you graduate?	Subjects studies & degree(s) received.
Grammar School	_____	1 2 3 4 5 6 7 8		
High School	_____	1 2 3 4		
College	_____	1 2 3 4		
Trade, Business or Correspondence School	_____	1 2 3 4		

**SUBJECTS OF SPECIAL STUDY**

**OR RESEARCH WORK** \_\_\_\_\_

Activities other than religious \_\_\_\_\_

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members)

**CONTINUED ON OTHER SIDE**

**FORMER EMPLOYERS** List below last four employers, starting with the most recent.

Date Mth/yr	Name & Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** Below list three (3) persons, complete with address and phone number, not related to you, whom you have known at least one year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Home Ph. \_\_\_\_\_ Bus. Ph. \_\_\_\_\_

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

**I** consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility. I understand that my employment may be conditioned upon successfully passing a physical examination. I understand that I may be required to successfully complete an alcohol/drug screening as a condition of employment.

**I** understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility. If this application for employment is accepted, I understand and agree that the terms, conditions, compensation, benefits, hours, schedule and duration of my employment (whether set forth in the J & D Pharmacy Personnel Handbook or not) may be determined, changed and modified from time to time at the will of employer without limitation or condition.

**I** hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

**I** hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding any employment decision, and I release all such persons from any liability regarding the provision or use of such information.

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

**FOR OFFICE USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Appearance \_\_\_\_\_ Character \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Starting Salary \_\_\_\_\_

**ADDITIONAL COMMENTS**