

Uptown Pharmacy
23 N. State St.
Westerville, OH 43081
614-882-2392
614-882-2399 fax

Thanks for thinking of us.
Please take a few minutes and complete this application
Please return in person, via fax, or email to uptownpharm@gmail.com
along with a current resume.

PERSONAL DATA

Job Interest _____
 How did you hear of this job opening? _____
 Name of Newspaper _____ Walk In _____
 Referred by: _____ Other _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ - _____ - _____
 Phone Number _____
 Wage Desired _____
 Willing to work (check all that apply)
 _____ Full Time _____ Part Time _____ Temporary

Are you 18 or older? No Yes
 Ever convicted for other than traffic violations _____ No _____ Yes
 If Yes; Dates _____
 Explain _____

Hours available to work: _____

Have you ever been involved in a shortage or misunderstanding with respect to funds, merchandise, or Inventory, etc.?
 Explain _____

Date Available _____

Position: _____

EDUCATION		Check Year Completed				GPA	Dates Attended	Graduated	Course of Study/ Degree earned
LEVEL	Name and Location	1	2	3	4				
High School									
College									
Advanced or Other									

Dates Employed From _____ To _____ Supervisor _____ Reason for leaving _____	Company Name _____ Telephone # _____ Address _____ Job Responsibilities / Skills _____ Hourly Rate / Salary _____ per _____
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Academic, Personal, Professional, and Community Accomplishments _____

Any other employment or position held? _____

Summarize special skills and qualifications from employment or other experience that may qualify you for work with our company. _____

REFERENCES

Name three persons not related to you or past supervisors mentioned above, who are acquainted with your character, work habits and achievements.

Name	Address	City	State	Phone	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Names of friends or relatives working here _____

Goals

Please write your short and long term goals: _____

APPLICANTS STATEMENT

Except where otherwise indicated, I hereby authorize the companies, educational institutions, or persons named in the application to furnish true information regarding myself, my education, or my employment whether or not it is on their records, personal or otherwise, releasing said companies or persons from liability for any damages whatsoever for issuing this information. Without reservation, I further authorize this employer or its co-companies/divisions or any party or agency contacted by this employer to procure my consumer report and / or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. If required, I agree to a drug test prior to and during employment or for post accident occurrences.

I hereby certify all answers in this application are true and correct to the best of my knowledge and belief, it being understood that any material false statements or omissions of facts in this application will be sufficient cause for discharge. I will abide by and conform to all policies, rules, and procedures of this employer or its co-companies/divisions.

Signature of Applicant _____ Date _____

The Immigration Reform and Control Act requires this employer and its co-companies/divisions to hire only U.S. Citizens and aliens authorized to work in this country. Documentation verifying employment eligibility will be required in the event of hire. We are an Equal Opportunity Employer and will not discriminate on the basis of race, color, sex, religion, national origin, age, or disability.