



PHARMACAL COMPANY EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Date:

This is an editable PDF. Please type in your answers or print out the application and write legibly in ink. You must complete entire application.

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Day Telephone

()

Do you have a valid drivers license?

Yes No

Evening Telephone

()

Are there other names under which you have worked or attended school?

Yes No

If yes, please list for reference checking purposes.

Are you legally authorized to work in the United States?

Yes No

(If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old?

Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?

Yes No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.

(Convictions are not an automatic bar to employment)

Do you have any pending criminal charges against you?

Yes No

If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before?

Yes No If yes, when:

Have you ever worked at this company before?

Yes No If yes, when:

Position Applying For

Part Time or Full-Time Desired

Salary Preference

Shift Preference

When can you start?

How were you referred to the company?

Agency

Walk-in

Friend/Relative _____

Newspaper

School

Other _____

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

Education

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received	Date Received (M/Y)
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	
Other (Specify)				Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer		Telephone ()	
Address			
Job Title		Employment Dates (month and year)	
Immediate Supervisor		From:	To:
Salary - start	Salary - end	Reason for Leaving	
Description of Duties			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer		Telephone ()	
Address			
Job Title		Employment Dates (month and year)	
Immediate Supervisor		From:	To:
Salary - start	Salary - end	Reason for Leaving	
Description of Duties			
Name of Employer		Telephone ()	
Address			
Job Title		Employment Dates (month and year)	
Immediate Supervisor		From:	To:
Salary - start	Salary - end	Reason for Leaving	
Description of Duties			
Name of Employer		Telephone ()	
Address			
Job Title		Employment Dates (month and year)	
Immediate Supervisor		From:	To:
Salary - start	Salary - end	Reason for Leaving	
Description of Duties			
Name of Employer		Telephone ()	
Address			
Job Title		Employment Dates (month and year)	
Immediate Supervisor		From:	To:
Salary - start	Salary - end	Reason for Leaving	
Description of Duties			

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends)	
Name	Day Telephone ()
Address	Evening Telephone ()
Relationship	How long known?
Name	Day Telephone ()
Address	Evening Telephone ()
Relationship	How long known?
Name	Day Telephone ()
Address	Evening Telephone ()
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background on the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant _____ Date _____

Thank you for your interest in Pharmacal Company!