



DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE ZIP CODE
PERMANENT ADDRESS		CITY	STATE ZIP CODE
PHONE NO.	EMAIL ADDRESS	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED WITH THIS PHARMACY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA (IF APPLICABLE)
GRADUATE			
COLLEGE			
BUSINESS, TRADE, OR TECHNICAL			
HIGH SCHOOL			

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ YES () NO () IF YES, LIST ON BACK OF PAGE.	
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT EMPLOYER.)

1	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING

4	COMPANY NAME	TELEPHONE ()
	ADDRESS	DATE (Month and Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGE

APPROVED BY: _____

Mail or deliver completed application to preferred location:

- Falls River Pharmacy 10930 Raven Ridge Road, Suite 109, Raleigh, NC 27614 919-844-2055
- Hayes-Barton Pharmacy 2000 Fairview Road, Raleigh, NC 27608 919-832-4641
- Health Park Pharmacy 8300 Health Park, Suite 227, Raleigh, NC 27615 919-847-7645
- Keever Pharmacy 102 Doctors Park, Lincolnton, NC 28092 704-735-9072
- Siler City Pharmacy 202A East Raleigh Street, Siler City, NC 27344 919-663-5541

Administration Office

- Hardy-White Pharmacies PO Box 6726, Raleigh, NC 27628 919-835-0457