

Eden Drug Health Mart

103 W Stadium Dr.

Eden, NC 27288

PLEASE PRINT ALL INFORMATION
REQUESTED

DOWNLOAD, PRINT & SUBMIT IN STORE
OR
EMAIL FORM TO: edendrug2@triad.rr.com

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE ALL PAGES			DATE:	
Name – Last	First	Middle	Maiden	
Present Address				
Present City, State Zip				
How Long	Social Security Number			
Telephone	If under 18, please list age			
Position applied for	Days/hours available to work			
	No Preference		Thursday	
Salary desired	Monday		Friday	
	Tuesday		Saturday	
	Wednesday		Sunday	
How many hours can you work?			Can you work nights/weekends?	
Employment desired	Full Time Only		Part Time Only	Full or Part Time
When available to work?				
EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <small>(Complete mailing address, use reverse side if necessary)</small>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Other Post Secondary School				
Other Post Secondary School				
HAVE YOU EVER BEEN CONVICTED OF A CRIME?		No		Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				
I understand a criminal background check may be conducted and my signature is an authorized consent.				

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DO YOU HAVE A DRIVER'S LICENSE?	No	Yes
What is your means of transportation to work?		
Driver's license number & state		Expiration date
Have you had any accidents during the past three years?		How many?
Have you had any moving violations during the past three years?		How many?

REFERENCES

Please list two references other than relatives or previous employers

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES?	No	Yes	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR THE RESERVES	No	Yes	
SPECIALITY:	Date Entered:	Discharge Date:	Type of Discharge:

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Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of employer Address City, State Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State Zip Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?	No	Yes
Did you complete this application yourself?	No	Yes
If not, who did?		

I certify that all the information on this application is true and correct.

Signature

Date

Printed name