

EMPLOYMENT APPLICATION*"LIFE IS EASY HERE"***APPLICANT INFORMATION**

Last Name		First		M.I.	Date		
Street Address					Apartment/Unit #		
City			State		ZIP		
Phone			E-mail Address				
Date Available		Resume Attached		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Desired Salary	
Position Applying For (please circle)	Pharmacist	Technician	Cashier	Driver	DME	Officework	Other:
Desired Location (circle all desired)	Kannapolis	N Kannapolis	Express	Concord	Mooresville	Morrocroft	Sedgefield
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Please complete this application and return to the desired location. Also include a current resume.