



Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date			
Street Address				Apartment/Unit #				
City		State		ZIP				
Phone		E-mail Address						
Date Available		Social Security No.		Desired Salary				
Position Applying For (please circle)	Pharmacist	Technician	Cashier	Driver	DME	Officework	Part Time	Full Time
Desired Location (circle all desired)	Kannapolis	N Kannapolis	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

Please complete this application and include a current resume

Please email to cannonpharmacy@gmail.com

Please fax to (704) 933 - 6374 Attn: Jessica