

Application for Employment



Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, veteran status, or any other status protected under state or federal law.

Position applied for _____
 Last name _____ First name _____ Middle initial _____
 Street Address _____
 City _____ State _____ ZIP _____
 Telephone _____ Social Security # _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
 Are you currently employed? Yes No Can you travel if the job requires it? Yes No
 Have you ever been employed with Adams Drugs before? Yes No
 Are you looking for full-time or part-time employment? Full-time Part-time
 What date would you be able to start? _____

Education

School	Circle Highest Grade you Completed	Date Completed
Grammar and High School	1 2 3 4 5 6 7 8 9 10 11 12	
College/Business/Trade School	1 2 3 4 5 6 7 Degree/Major	
Describe Course of Study		

Employment History (Start with most recent employer)

Company Name _____
 Address _____ Phone # _____
 Date Started _____ Starting Wage _____ Starting Position _____
 Date Ended _____ Ending Wage _____ Ending Position _____
 Name of Supervisor _____
 May we contact? Yes No
 Responsibilities _____

 Reason for leaving _____

Employment History continued

Company Name _____

Address _____ Phone # _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Phone # _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References

List three reliable persons, not relatives or employers, who know you well enough to give information about you:

Name	Phone number	Occupation

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered grounds for immediate dismissal regardless of the date the false or misleading statement is discovered. This company is hereby authorized to make any investigations of my prior educational and employment history, including but not limited to contacting former employers, references and other persons or entities identified herein.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing. Any agreement that purports to alter the "at will" employment relationship must be in writing and signed by the president.

This application is effective and considered active for 30 days after date signed below.

Signature _____ Date _____