

Murray's Drug, Inc.

APPLICATION FOR EMPLOYMENT

This employer is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

GENERAL

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____

DATE AVAILABLE FOR EMPLOYMENT: _____

Are you employed now? YES NO

May we contact your present employer? YES NO

If YES, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Type of position you are seeking: _____

Wages desired: _____

Do you have a valid driver's license? YES NO

License No./State: _____

Can you perform the essential functions of the job(s) for which you are applying?
 YES NO

Have you ever pled guilty or been convicted of a crime?

[] YES

[] NO

If YES, please provide the date and location of each conviction and a description of the offense:

Are you currently out on bail or awaiting trial on a pending criminal matter?

[] YES

[] NO

If YES, please explain:

Please note that a "YES" answer to the previous two questions will not automatically bar you from consideration for employment.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME	_____			
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY	_____			

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, training, employment or other activities related to the job you are seeking:

EMPLOYMENT EXPERIENCE:

List your last 3 jobs in order. Start with your present or most recent job. Do not omit any job.

Employer: _____ Employed from _____ to _____ (month/year)

Address: _____ Telephone No.: (____) _____

Job Position(s): _____ Supervisor: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer: _____ Employed from _____ to _____ (month/year)

Address: _____ Telephone No.: (____) _____

Job Position(s): _____ Supervisor: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer: _____ Employed from _____ to _____ (month/year)

Address _____ Telephone No.: (____) _____

Job Position(s): _____ Supervisor: _____

What did you like most about your job? _____

What did you like least about your job? _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES

NO

I will be responsible for familiarizing myself with all rules and regulations of this employer as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of the employer or at my option, without out notice, at any time, except as specifically set forth in writing in a current individual employment agreement.*

YES

NO

I also understand that no representative of the employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by _____ . I further understand that if I am hired, the employer reserves the right to revise the terms and conditions of my employment as it deems necessary.

YES

NO

I have read, understand and agree with the above.

By: _____
Signature of Applicant

Date

NOTE: This application is valid for only ninety (90) days from the date of the applicant's signature. To be considered for job openings after that date, submit a new application.