



P&M Pharmacy  
7753 Lake Worth Rd  
Lake Worth, FL 33467  
561-660-8650

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## APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in P&M Pharmacy, LLC. A record of your work history and background history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A. All persons who are hired must, by law, present acceptable evidence of their eligibility to work in the United States. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract or an offer to employment. Any false or misleading statements during the interview and/or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment without any notice.

PLEASE PRINT

### PERSONAL

Position applied for \_\_\_\_\_

Today's date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Present Address \_\_\_\_\_

State & county of residence in last 7 yrs: \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_

Are you 18 years of age or older?  YES  NO If no, can you furnish working papers if hired?  YES  NO

Have you ever used any name or social security no. other than listed above?  YES  NO

Have you had any moving violation within last 7 years?  YES  NO If yes, describe: \_\_\_\_\_

Rate of pay expected \_\_\_\_\_ per hour

Would you work  Full Time  Part Time  Temporary  Per Diem (Full time employees are required to work any time between open to close)

Specify days and hours if part time \_\_\_\_\_

If your application is considered favorably, what date will you be available for work? \_\_\_\_\_

List any skills or qualifications, which you feel, would especially fit you for work with our organization?

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EDUCATION

High School \_\_\_\_\_ Date Graduated \_\_\_\_\_

College \_\_\_\_\_ Date Graduated \_\_\_\_\_

College Degree \_\_\_\_\_ Major \_\_\_\_\_

List other Schools attended with completion dates

\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL CREDENTIALS

List all credentials and licenses held with date issued and certificate number

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY

(List all present and past employment starting with the most recent. Indicate which employers you do not want us to contact for references)

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone No.: \_\_\_\_\_

PERSONAL REFERENCES

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

OFFICE SKILLS

List all office and computer skills. Note typing speed and all software programs you are skilled in using.

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Have you ever been arrested?  YES  NO If yes, please provide information: \_\_\_\_\_

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Have you ever been convicted of a crime and the record not been sealed or expunged by the courts (excluding minor traffic violations)?  YES  NO If yes, please provide information: \_\_\_\_\_

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PLEASE READ AND SIGN

I certify that all of the information herein is true and correct. I understand and agree that if employed, false, misleading or incorrect statements or material omissions on this application may be sufficient cause for termination at any time and that the P&M Pharmacy, LLC shall not be liable in any respect if my employment is terminated. I acknowledge that employment with the P&M Pharmacy, LLC is "at will" and either the P&M Pharmacy, LLC or I may terminate the employment relationship at any time, with or without cause. I authorize the P&M Pharmacy, LLC or its agent(s) to investigate all information on this application. I further authorize the P&M Pharmacy, LLC or its agent(s) to make investigative inquiries and obtain reports such as motor vehicle driving record, criminal background check, or any other inquiries or reports as the P&M Pharmacy, LLC deems necessary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## EMPLOYMENT REFERENCE REQUEST

**TO:** (Print Name and Address of Former Employer below)

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**TO BE COMPLETED BY EMPLOYEE:**

I have applied for employment with P&M Pharmacy, LLC and hereby authorize you to furnish the information requested below concerning my prior employment with your organization. In signing this authorization, I release your organization, its employees and/or its agents from any liability that may result now or later because of complying with this request.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Name: Last, First, Middle initial) PLEASE PRINT

\_\_\_\_\_  
(Social Security Number)

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Last Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

Are employment dates correct?     Yes  No; If no, what are correct dates? From: \_\_\_\_\_ To: \_\_\_\_\_

Is the position title correct?     Yes  No; If no, what is the correct title? \_\_\_\_\_

Is reason for leaving correct?     Yes  No; If no, what is the correct reason? \_\_\_\_\_

Is applicant eligible for rehire?     Yes  No; If no, why? \_\_\_\_\_

**OVERALL ASSESSMENT:**

Attendance     Good     Satisfactory     Poor    Comments: \_\_\_\_\_

Punctuality     Good     Satisfactory     Poor    Comments: \_\_\_\_\_

Performance     Good     Satisfactory     Poor    Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return Employee Reference Form to P&M Pharmacy, LLC in the envelope provided.