



GAUGHN'S DRUG STORE

Application for Employment

Position Applying For: _____ Date: _____

Personal Information:

Name _____

Address _____

City: _____ State: _____ Zip: _____

Email Address _____

SSN # _____-_____-_____

Date Available to Start: _____

Availability: _____ FT _____ PT
_____ Saturdays

Education

Type of School	Name of School	Location	Years Completed	Major/Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Business or Trade School	_____	_____	_____	_____
Professional School	_____	_____	_____	_____

If you are applying for a position requiring a state license or certification, please provide:

State:

License #

Previous Employment:

Name of Employer _____ Job Title _____

Address of Employer _____

Name of Supervisor _____

Phone Number _____ May We Contact? _____ Y _____ N

Employment Dates (From) _____ (To) _____

Reason For Leaving _____ Last Earned _____

Name of Employer _____ Job Title _____

Address of Employer _____

Name of Supervisor _____

Phone Number _____ May We Contact? _____ Y _____ N

Employment Dates (From) _____ (To) _____

Reason For Leaving _____ Last Earned _____

Name of Employer _____ Job Title _____

Address of Employer _____

Name of Supervisor _____

Phone Number _____ May We Contact? _____ Y _____ N

Employment Dates (From) _____ (To) _____

Reason For Leaving _____ Last Earned _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

(FELONY OR MISDEMEANOR)

_____ YES _____ NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation

DO YOU HAVE A DRIVER'S LICENSE

_____ YES _____ NO

DRIVERS LICENSE #:

STATE OF ISSUE:

EXPIRATION DATE:

_____ OPERATOR

_____ COMMERCIAL(CDL)

_____ CHAUFFEUR

HAVE YOU HAD ANY ACCIDENTS IN THE PAST THREE YEARS?

_____ YES _____ NO

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST THREE YEARS?

_____ YES _____ NO

Additional Comments/Information you would like to provide:

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 on my application or interview may result in my release from employment.

Signature

Date

Printed Name

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.