

CHET JOHNSON DRUGS, INC.
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 Applied for (specify Chet's, Ellie's or JD@ARMC) | | | |
| Days and Hours Available for work | | | |
| 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 worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| Requirement for hours of availability: | Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you 16 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you 14 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

EDUCATION

| | | | | | |
|----------------|------------|-------------------|------------------------------|-----------------------------|--------|
| Grammar School | City/State | | | | |
| High School | City/State | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | City/State | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | City/State | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

Subjects of special studies:

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 NO

| | | | | | |
|------------------|----|--------------------|----|---------------|-----|
| 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 NO

| | | | | | |
|------------------|----|--------------------|----|---------------|-----|
| 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 NO

Chet Johnson Drugs, Inc. is an equal opportunity employer. It is policy that all individuals are entitled to equal employment opportunity regardless of race, color, religion, sex, national origin, age or disability, as required by state and federal law. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Supplements may be attached if necessary but will not be returned to applicant. Incomplete applications MAY NOT BE CONSIDERED. This form is an application for employment and is not a promise of employment.

OTHER INFORMATION:

| | |
|--|--|
| Special Training <small>(indicate if you have worked in customer service, healthcare, computer or cash register experience and HIPPA trained)</small> | |
| Activities (Civic, Athletic, etc.)* | |

* Exclude organizations whereby the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of its members

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements contained in this application.
If this application leads to employment, I understand that omission of facts, false or misleading information in my application or interview may result in my release.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|