

CHET JOHNSON DRUGS, INC.

Employment Application



APPLICANT INFORMATION												
Last Name				First				M.I.				
Pronouns:						Today's 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												
<i>Please list three professional references.</i>												
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 <input type="checkbox"/>		NO <input type="checkbox"/>				
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 <input type="checkbox"/>		NO <input type="checkbox"/>				
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 <input type="checkbox"/>		NO <input type="checkbox"/>				
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 <input type="checkbox"/>		NO <input type="checkbox"/>				
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.)*										
<small>* Exclude organizations whereby the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of its members</small>										
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				