

# DOC'S DRUGS EMPLOYMENT APPLICATION

6-05

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
First Name Middle Initial Last Name

APT. NO. \_\_\_\_\_ AREA \_\_\_\_\_ TEL. \_\_\_\_\_  
OR BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CODE \_\_\_\_\_ NO. \_\_\_\_\_

ARE YOU AT LEAST 16 YEARS OF AGE?  YES  NO      18 YEARS OF AGE?  YES  NO      21 YEARS OF AGE?  YES  NO

BIRTH DATE \_\_\_\_\_ EVER WORK FOR DOC'S BEFORE?  YES  NO      IF YES, DATES \_\_\_\_\_ LOCATION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

## AVAILABILITY:

TOTAL HOURS AVAILABLE PER WEEK \_\_\_\_\_  
HOURS \_\_\_\_\_  
AVAILABLE: FROM \_\_\_\_\_

CAN YOU TRAVEL IF A JOB REQUIRES IT?  YES  NO  
ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.:  YES  NO      TO \_\_\_\_\_

HOW DID YOU HEAR OF JOB? \_\_\_\_\_ HOW FAR DO YOU LIVE FROM STORE? \_\_\_\_\_ DO YOU HAVE TRANSPORTATION TO WORK? \_\_\_\_\_

## SCHOOL MOST RECENTLY ATTENDED:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
TEACHER OR COUNSELOR \_\_\_\_\_ DEPT. \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_  
GRADUATED  YES  NO      NOW ENROLLED?  YES  NO      SPORTS OR ACTIVITIES \_\_\_\_\_

## THREE MOST RECENT JOBS:

- 1) COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE \_\_\_\_\_ JOB \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ MAY WE CONTACT FOR A REFERENCE \_\_\_\_\_  
WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ MGMT REFERENCE CHECK DONE BY \_\_\_\_\_
- 2) COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE \_\_\_\_\_ JOB \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ MAY WE CONTACT FOR A REFERENCE \_\_\_\_\_  
WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ MGMT. REFERENCE CHECK DONE BY \_\_\_\_\_
- 3) COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE \_\_\_\_\_ JOB \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ MAY WE CONTACT FOR A REFERENCE \_\_\_\_\_  
WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ MGMT. REFERENCE CHECK DONE BY \_\_\_\_\_

## PERSONAL REFERENCES:

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

**IMPORTANT: COMPLETE REVERSE SIDE**

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\*DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?

YES  NO IF YES, DESCRIBE IN FULL \_\_\_\_\_

\*conviction will not necessarily bar you from employment.

## U.S. MILITARY

BRANCH OF SERVICE \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_ HIGHEST RANK \_\_\_\_\_

DO YOU HAVE SERVICE-RELATED SKILLS AND EXPERIENCE APPLICABLE TO CIVILIAN EMPLOYMENT?  YES  NO IF YES, DESCRIBE \_\_\_\_\_

## GENERAL

WHAT ADDITIONAL RELEVANT EXPERIENCES OR TRAINING HAVE YOU HAD OTHER THAN YOUR WORK EXPERIENCE, MILITARY SERVICE AND EDUCATION? \_\_\_\_\_

ACTIVITIES – CIVIC, ATHLETIC, FRATERNAL, ETC. (EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, RELIGION, COLOR, OR NATIONAL ORIGIN OF MEMBERS.) \_\_\_\_\_

- 1) I certify that I have read and fully completed both sides of this application and that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with the policy of Doc's Drugs.
- 2) I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
- 3) I acknowledge that Doc's Drugs reserves the right to amend or modify the policies in its Handbook and other policies at any time without prior written notice. These policies do not create any promises or contractual obligations between Doc's Drugs and its associates. At Doc's Drugs, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Doc's Drugs retains the same rights.

Doc's Drugs is an Affirmative Action and Equal Opportunity Employer. Various Federal, State and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status. It is Doc's Drugs policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.

I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

U.S. LAW REQUIRES THAT, IF HIRED, YOU MUST FURNISH APPROPRIATE DOCUMENTATION ESTABLISHING IDENTITY AND EMPLOYMENT ELIGIBILITY, GENERALLY WITHIN 72 HOURS OF STARTING WORK.

For example, acceptable documents include:

- A U.S. Passport, Certificate of U.S. Citizenship, Certificate of Naturalization or INS Forms 688 or 688A;
  - A Social Security Card or birth certificate issued by government authority and a driver's license, school I.D. with photo or other government issued documentation establishing identity.
- (More complete information is included on a copy of INS form I-9 which is available from our management team.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS – TO BE CONSIDERED FOR A JOB AFTER THAT YOU MUST REAPPLY TO THIS LOCATION.