

**EMPLOYMENT APPLICATION
HOLLAND CENTER PHARMACY**

621 MILFORD WARREN GLEN ROAD

MILFORD, NJ 08848

PHONE: 908-995-0015 FAX: 908-995-9400

Date: _____

Name: _____ Phone: _____

E-mail Address: _____

Address: _____ City: _____ State: ___ Zip code: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip code: _____

Position Applying For: _____

- Part Time: _____ Full Time: _____

Were you previously employed by a pharmacy? Yes ___ No ___

If yes, where and what position did you hold?

Have you ever pled "guilty, "no contest" or been convicted of a crime? Yes ___ No ___

- If yes*, please provide dates and details: _____

*Answering "yes" to these questions does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of violation, rehabilitation and position applied for will be considered.

Have you ever served in the military? Yes ___ No ___

Valid Driver's License? Yes ___ No ___ in which state? _____

Driver's License number is applicable to position: _____

Are you 18 years of age or older? Yes ___ No ___ Date of Birth: _____

If you are under 18 and we require a work permit, can you provide us with one?
Yes ___ No ___ If no, please explain: _____

Date available to start: _____

Who referred you to us? _____

Employment History: Give names and addresses of all previous employers, beginning with the most recent. If you are working elsewhere, list employers and reasons for seeking another job.

Employer: _____

Address: _____ City: _____ State: ___ Zip code: _____

Job Title: _____ Ending Wages: _____

Start Date: _____ End Date: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____ City: _____ State: ___ Zip code: _____

Job Title: _____ Ending Wages: _____

Start Date: _____ End Date: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Address: _____ City: _____ State: ___ Zip code: _____

Job Title: _____ Ending Wages: _____

Start Date: _____ End Date: _____

Responsibilities: _____

Reason for Leaving: _____

Education:

High School: _____ Address: _____

Years completed _____ Did you graduate? Yes ___ No ___

College/University: _____ Address: _____

Years completed _____ Did you graduate? Yes ___ No ___

Degree _____ Major: _____

Other: _____ Address: _____

Years completed _____ Did you graduate? Yes ___ No ___

Degree _____ Major: _____

References:

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip code: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip code: _____

Special Skills and Qualifications: _____

I understand that my employment will be on a 30-day trial basis. I hereby authorize Holland Center Pharmacy, to make an inquiry of any of my former employers, credit bureaus and consumer reporting agencies, as to my experience, character, credit standing and reasons for leaving, and I hereby authorize my former employers to release such information to Holland Center Pharmacy. I agree to abide by the rules of Holland Center Pharmacy and promptly notify any changes of address or telephone number. I certify that the above statements are true to the best of my knowledge and understanding. I understand that the making of false statements will be considered sufficient for immediate discharge upon discovery thereof.

Signature: _____

Federal and state laws prohibit discrimination of employment because of race, color, age, sex, or national origin.