



apothecary

606-593-MEDS(6337)  
99 KY 11 South • Booneville, KY 41314

# Employment Application

*We are an equal opportunity employer.*

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Mobile/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Type of Employment Desired:  Full Time  Part Time  Temporary

If Part-Time, what hours/days are you available? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain:  
\_\_\_\_\_

Have you ever been employed here before?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

If you are under 18, do you have a work permit?  Yes  No

Are you willing to work overtime if asked?  Yes  No

Do you have a valid Driver's License?  Yes  No

Do you have any physical limitations that would affect the duties required of you for the position you are applying?  Yes  No

We do not discriminate based on disabilities, race, creed, color, national origin, or sex.

Do you currently have Health Insurance?  Yes  No

Please choose:  single  married  widowed  divorced  other \_\_\_\_\_

Please list dependents:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Drug Screening:

It is policy of B+H Apothecary to maintain a safe, healthy and productive work environment for it's employees and to provide quality service to our customers. To perform all these functions in a manner consistent with the interests and concerns of our customers all employees or candidates applying for a position at B+H Apothecary are subject to random drug screenings without notice. Refusal to submit to the Drug Screening process will result in disqualification for further employment consideration. If currently employed by B+H Apothecary, B+H maintains the right to relieve you of your duties, without notice. By signing here you acknowledge and agree to these terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Work Experience

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor and Title		Nature of the work and responsibilities	
Hourly rate/salary		Reason for leaving	

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## Education

School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma?
Graduate					
College					
Business/Trade/Technical					
Elementary					



**What else should we know about you? Please provide us with a brief statement:**


**Please list 3 (unrelated) references below:**

Name: _____
Address: _____ Street                                    City                                    State                                    Zip
Phone: _____ Title: _____

Name: _____
Address: _____ Street                                    City                                    State                                    Zip
Phone: _____ Title: _____

Name: _____
Address: _____ Street                                    City                                    State                                    Zip
Phone: _____ Title: _____

**Please mail completed application to: P.O Box 1143 Booneville, KY 41314**

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I hereby certify that the information provided is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_