



# EMPLOYMENT APPLICATION

Please print clearly in ink. The Jefferson Valley Pharmacy considers all applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, gender identity and expression, marital or military status, or based on any individual's status in any group or class protected by applicable federal, state, or local law. Jefferson Valley Pharmacy also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise Management. **Note to Applicants:** Smoking is prohibited in all indoor areas of The Jefferson Valley Pharmacy.

## PERSONAL DATA

Referred by: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ I have no middle name or initial   
Last First Middle

CURRENT CONTACT: \_\_\_\_\_  
Phone Email Address (Optional)

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PREVIOUS ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Have you ever applied to Jefferson Valley Pharmacy or Putnam Valley Pharmacy?

Yes  No If yes, provide dates and locations: \_\_\_\_\_

Have you ever worked for Jefferson Valley or Putnam Valley Pharmacy?

Yes  No If yes, provide dates and locations: \_\_\_\_\_

Do you know anyone who works for Jefferson Valley Pharmacy or Putnam Valley Pharmacy?  Yes  No

If yes, name(s) and location(s): \_\_\_\_\_

How were you introduced to us?  Employee Referral  Newspaper Ad  Walk In  Internet  College/University  
 Dept. of Employment  Community Organization  Other: \_\_\_\_\_

If hired, and under 18 years of age, can you furnish a work permit?  Yes  No  N/A (I'm 18 or older)

If hired, can you provide proof of identity and authorization to work in the United States?  Yes  No

## DESIRED EMPLOYMENT

Position you are applying for: \_\_\_\_\_ Date available to start work\*: \_\_\_\_\_

Total hours available per week\*: \_\_\_\_\_

- Part-time  Full-time  
 Regular  Temporary

	S	M	T	W	Th	F	S
AM							
PM							

\* Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability in order to maintain employment status.

## EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

<b>Employer</b>		<b>Work Performed</b>
Address (Street, City, State)		
Telephone Number(s) (      )		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	
<b>Employer</b>		<b>Work Performed</b>
Address (Street, City, State)		
Telephone Number(s) (      )		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	
<b>Employer</b>		<b>Work Performed</b>
Address (Street, City, State)		
Telephone Number(s) (      )		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	
<b>Employer</b>		<b>Work Performed</b>
Address (Street, City, State)		
Telephone Number(s) (      )		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	

Please attach an additional sheet if necessary

## SECURITY

Have you ever taken any merchandise, money, or property from an employer without permission?  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Circle highest grade completed: Elementary /Middle 6 7 8 High School 9 10 11 12 College 13 14 15 16 17 18(+)

List all, whether or not degree was obtained:

	Name of School	Location (City, State)	Field of Study	Degree	Received?
HIGH SCHOOL			High School	Diploma or GED	Yes / No
COLLEGE					Yes / No
COLLEGE					Yes / No

## SKILLS AND QUALIFICATIONS

Please check all that apply:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Bookkeeping          | <input type="checkbox"/> Microsoft® Excel      | <input type="checkbox"/> Cash Office      | <input type="checkbox"/> Delivery Driver   |
| <input type="checkbox"/> Calculator           | <input type="checkbox"/> Microsoft® Outlook    | <input type="checkbox"/> Cashier          | <input type="checkbox"/> General Warehouse |
| <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Microsoft® PowerPoint | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Inventory Clerk   |
| <input type="checkbox"/> Financial Reports    | <input type="checkbox"/> Microsoft® Word       | <input type="checkbox"/> Merchandiser     | <input type="checkbox"/> Maintenance       |
| <input type="checkbox"/> General Clerical     |  | <input type="checkbox"/> Sales Associate  | <input type="checkbox"/> Packer            |
| <input type="checkbox"/> Payroll              |  | <input type="checkbox"/> Stock Room       |  |
| <input type="checkbox"/> Statistical Typing   |  |   |  |
| <input type="checkbox"/> Switchboard          |  |   |  |
| <input type="checkbox"/> Typing (speed _____) |  |   |  |

List any other special training, experience, skills, or qualifications relevant to the position for which you are applying:

## PROFESSIONAL REFERENCES

Please provide name, work relationship, email address (if available) and telephone number of three Supervisors/Managers or other professional references that are not related to you:

	Name	Work Relationship	Email Address	Phone Number
1				
2				
3				

May we contact each of your references?  Yes  No If not, who and why? \_\_\_\_\_

## Required Qualifications

- Must be at least 16 years of age
- Attention and Focus
  - The ability to concentrate on a task over a period of time without being distracted.
- Customer Service Orientation
  - Actively look for way to help people, and do so in a friendly manner.
  - Notice and understand customers', reactions, and respond appropriately
- Communication Skills
  - Use and understand verbal and written communication to interact with customers and colleagues.
  - Actively listening by giving full attention to what others are saying, taking time to understand the points being make, asking questions as appropriate, and not interrupting at inappropriate times.
- Mathematical Reasoning
  - The ability to use math to solve a problem, such as calculating day's supply of a prescription.
- Problem Resolution
  - Is able to judge when something is wrong or is likely to go wrong; recognizing there is a problem.
  - Choosing the best course of action when faced with a complex situation with several available options.
- Physical Demands
  - Remaining upright on the feet, particularly for sustained periods of time.
  - Moving about on foot to accomplish tasks, particularly for moving from one work area to another.
  - Packing, pinching, typing or otherwise working primarily with fingers with fingers rather than whole hand or arm.
  - Extending hands and arms in any direction.
  - Bending doby downward and forward by bending spine at the waist.
  - Stooping to a considerable degree and requiring full use of the lower extremities and back msucles.
  - Epressing or exchanging ideas by means of spoken word; those activities where detailed or important spoken instructions must be conveyed accurately.
  - Perceiving the nature of sounds at normal speaking levels with or without correction, and having the ability to receive detailed information through oral communication.
- Visual Acuity
  - The worker is required to have close visual acuity to perform activites such as: transcribing, viewing a computer terminal, reading, visual inspection involving small parts.
  - Occasional lifting of up to 30 lbs; exerting up to 30 lbs of force occasionally and/or up to 10 lbs of force frequently,
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## SIGNATURE

### READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION

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I certify that the statements and information furnished by me in this application and in any other document submitted as part of the application process are true and correct. I understand that omitted, false or misstated statements on this application or any other document submitted as part of the application process are grounds for refusal to hire, or dismissal, regardless of when the Company becomes aware of the omitted, falsified, or misstated information.

I understand that The Jefferson Valley Pharmacy is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with The Jefferson Valley Pharmacy, except as required by applicable federal, state, and local law. In addition, if an employment relationship is established, unless I am employed in Montana, I acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself, and that this cannot be altered except by an express written agreement signed by myself (or my authorized representative) and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit, or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of The Jefferson Valley Pharmacy and that my wages, benefits and conditions of employment can be changed by the Company at any time in its sole discretion.

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While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

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### MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

SIGNATURE OF APPLICANT:

DATE OF APPLICATION:

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## MANAGEMENT ONLY

Reviewed by:

Signature

Print Name

Date

Time

WOTC Pre-Screening Notice Given to Applicant

Interview scheduled for:

Date

Time