

Application for Employment

Pharmaceutical Specialties Inc.

Pre-Employment Questionnaire

Equal Opportunity Employer

Application Information

Full Name: _____ Date of Application: ____/____/____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Telephone #: () Cell #: () E-mail: _____

Referral Source (How did you hear about us?): _____

Employment Desired

Position(s) Applied for: _____

Date Available to Start: _____ Desired Salary: _____

Type of Employment Desired: Full Time Part-Time Temporary Seasonal

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Have you ever applied at this company before? Yes No If yes, when? _____

Driver's License number required if driving may be required for the position: _____ State: _____

Educational Background

	School (include City & State)	Years Attended	Did you Graduate?	Degree/Major
High School				
College				
Other				

General Information

Subject of Special Studies: _____

Any Special Training or Licenses: _____

U.S. Military Armed Services: _____ Rank: _____

Continued on other side

Employment History

(Starting with your most recent employer, provide the following information)

Employer Name: _____ Phone Number: _____
Address: _____ Job Title: _____
Immediate Supervisors Name and Job Title: _____
Employed From ____ / ____ to ____ / ____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Reason for Leaving: _____ May we contact for a reference? Yes No

Employer Name: _____ Phone Number: _____
Address: _____ Job Title: _____
Immediate Supervisors Name and Job Title: _____
Employed From ____ / ____ to ____ / ____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Reason for Leaving: _____ May we contact for a reference? Yes No

Employer Name: _____ Phone Number: _____
Address: _____ Job Title: _____
Immediate Supervisors Name and Job Title: _____
Employed From ____ / ____ to ____ / ____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Reason for Leaving: _____ May we contact for a reference? Yes No

References

Please list three business/work references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of years known
			()	
			()	
			()	

Emergency Contact Information

Name of Emergency Contact: _____ Relationship: _____
Cell Phone Number: () _____ Daytime/Home Phone: () _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from the consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understood and accept all terms of the forgoing Applicant Statement.

Signature of Applicant: _____ Date: _____

Do Not Write Below This Line

Interview Notes: _____

Hired: Yes No Position: _____ Start Date: _____ Salary: _____

Approved: _____
Employment Manager Department Head General Manager