

**APPLICATION FOR EMPLOYMENT**  
**Collier Drug Stores, Inc. is an equal opportunity employer.**

**PERSONAL INFORMATION**

NAME:	_____				ARE YOU 18 OR OLDER?	_____
	LAST	FIRST	MIDDLE			
PRESENT ADDRESS:	_____				PHONE:	_____
	STREET	CITY	STATE	ZIP		
PERMANENT ADDRESS:	_____				PHONE:	_____
	STREET	CITY	STATE	ZIP		
E-MAIL ADDRESS:	_____					

**EMPLOYMENT DESIRED**

POSITION (circle all that apply)	PHARMACY TECH	DELIVERY	CASHIER	
	INTERN	other _____		
				<b>Hours per week desired:</b>
				FULL TIME (32+ hrs/wk) <input type="text"/>
				PART TIME <input type="text"/>

WHAT DAYS CAN YOU WORK?	FROM (time)	TO (time)
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

SALARY DESIRED \$ \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_

**For Technicians:**  
 Do you have a current Arkansas Pharmacy Tech Permit? \_\_\_\_\_  
 Are you nationally certified? \_\_\_\_\_

**FORMER EMPLOYERS**

(List below the last four employers, starting with the last one first. Use the back of this form if more space is needed. Please list any other last names these employers may know you by.)

EMPLOYER NAME, CITY, & PHONE	FROM (date)	TO (date)	POSITION	SALARY	REASON FOR LEAVING
				\$	
				\$	
				\$	
				\$	

REFERENCE NAME	CITY / STATE	PHONE	BUSINESS	YEARS ACQUAINTED
1.		( )		
2.		( )		
3.		( )		

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? (circle one) YES NO  
 If yes, please describe what can be done to accommodate your limitation: \_\_\_\_\_

IN CASE OF AN EMERGENCY :

NAME	ADDRESS	PHONE
_____	_____	_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and in the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

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