

THE DRUG STORE
P.O. BOX 528
100 S. AVE. E
HASKELL, TEXAS 79521
864-2673

DATE _____

1. NAME _____
(LAST) (FIRST) (INITIAL)

2. ADDRESS _____

(CITY, STATE, ZIP CODE)

(HOME PHONE NUMBER)

(WORK PHONE NUMBER)

BIRTHDATE _____

3. SOCIAL SECURITY NUMBER _____

4. EDUCATIONAL BACKGROUND _____

(HIGH SCHOOL ATTENDED-YEARS)

(COLLEGE ATTENDED-YEARS)

5. PREVIOUS EMPLOYMENT RECORD-List in order of most recent employer to earliest employer, jobs related to the one you are seeking here-specify the employment dates, employer's name, address, job duties you held, and reasons for leaving for each job.

1. _____

2. _____

3. _____

4. _____

JOB APPLICATION FORM (continued)

6. REFERENCES - List two references.

(Name, address, phone number)

(Name, address, phone number)

7. EMERGENCY CONTACT - List a person to contact in case of emergency.

(Name, address, phone number)

8. HOURS AND DAYS YOU ARE WILLING TO WORK

ARE YOU WILLING TO WORK ON SATURDAYS? _____

9. SALARY DESIRED (optional) \$ _____

10. HISTORY OF ARRESTS OR DRUG ABUSE (optional) _____

HAVE YOU EVER BEEN ARRESTED ON A DRUG RELATED CHARGE?

(Crime arrested for, date)

11. DO YOU USE TOBACCO PRODUCTS? (optional) _____

12. CHILDREN AT HOME AND THEIR AGES?

13. PHYSICAL HANDICAPS OR LIMITATIONS? (optional) _____

14. WHY WOULD YOU LIKE TO WORK HERE? _____

JOB APPLICATION FORM, (continued)

15. HOW ARE YOU AT HANDLING PRESSURE? _____

16. WHEN COULD YOU BE AVAILABLE FOR WORK? _____