

Application for Employment

CONLIN'S

• Est. 1908 •

PHARMACY & MEDICAL EQUIPMENT

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, gender, disability, veteran status, age or any other protected characteristic.

Date of Application _____

Name _____ Home Phone () _____

Cellular/Other Phone () _____ E-mail _____

Address _____

City/State/ZIP _____

Position applied for _____

Shift preferred: 1 2 3 Any Not Applicable

How were you referred to the company? _____

Type of work desired Full-time Part-time Seasonal Temporary

On what date would you be available for work? _____

Have you ever been employed here before? Yes No If yes, give dates _____

Do you have a legal right to be employed in the USA? Yes (If yes, proof is required if hired.) No

If you are under 18, can you provide a work permit if required? Yes No

If driving may be required in the job for which you are applying, please provide your driver's license number.

DL# _____ State _____

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

Attachments

- Resumé
- Applicant Reference Notes
- Applicant Interview Notes
- Test Results

Educational Background

High School:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational or other training:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education:

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

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6.1 Application for Employment (Short Form)

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Employment Experience

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Employer _____
 Address _____
Position _____ Supervisor _____
E-mail _____ Phone () _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Reason for Leaving _____
2. Employer _____
 Address _____
Position _____ Supervisor _____
E-mail _____ Phone () _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Reason for Leaving _____
3. Employer _____
 Address _____
Position _____ Supervisor _____
E-mail _____ Phone () _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Reason for Leaving _____
4. Employer _____
 Address _____
Position _____ Supervisor _____
E-mail _____ Phone () _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Reason for Leaving _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied. I also understand that my employment and compensation can be terminated or changed, with or without cause and with or without notice, at any time, at either my or the company's option.

I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____