

Application for Employment



General Information

Date: Status: *Full Time* *Part Time*

Position: *Pharmacist* *Technician* *Cashier* *Driver*

Personal Information

Last Name: First: M.I.:

Address: City: State: Zip:

Apt: Email: Phone:

Pay Rate: /hr Start Date:

Are you a citizen of the United States? If no, are you authorized to work in the US?

Have you ever been convicted of a felony?

Desired Work Location

Kannapolis N Kannapolis Mooresville Salisbury South End South Park

Educational / Military Background

High School:	From:	To:	Degree:
College:	From:	To:	Degree:
Military:	From:	To:	Rank:

Professional Background

Company	Phone	Title	From	To	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Training / Credentials (T/C)

T/C:	Date Awarded:	Institute:
<input type="text"/>	<input type="text"/>	<input type="text"/>
T/C:	Date Awarded:	Institute:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Return this application and a current resume to the pharmacy or
email to: kannapolis@cannonpharmacies.com