

# 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: northkannapolis@cannonpharmacies.com