Application for Employment

CANNON PHARMACY
Your Hometown Drugstore

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

Training / Credentials (T/C)

T/C:	Date Awarded:	Insititute:
T/C:	Date Awarded:	Insititute:

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: southend@cannonpharmacies.com