



Employment Application

SILVER ROD PHARMACY

6404 18th Avenue
Brooklyn, NY 11204
Tel: 718-236-5705
Fax: 718-234-0961

Email: SilverRodRX@gmail.com

An Equal Opportunity Employer

	Position Title	Today's Date
1. Print Name:	_____ First Middle Last	_____
2. Current Address:	_____ Number & Street Name Apartment Number	_____
	_____ City County State Zip Code	_____
3. Mailing Address: (If different from above)	_____ Number & Street Name Apartment Number	_____
	_____ City County State Zip Code	_____
4. Home Phone:	_____ Area Code and Number	Cell Phone: _____ Area Code and Number
5. E-mail Address:	_____ E-mail Address	

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

Silver Rod Pharmacy management or other designated staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for non-selection, or for termination after you begin work. **All statements are subject to investigation, including a check of your education, training and experience statements.** All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the New-York Public Records Law, Chapter 119, New York Statutes.

If accepted for employment I agree to abide by and comply with all rules, regulations, policies and procedures of Silver Rod Pharmacy. I understand that my employment with the Silver Rod Pharmacy is at-will, that I have the right to terminate my employment at any time with or without cause, and that the Silver Rod Pharmacy has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of Silver Rod Pharmacy.

I understand that if I am applying for employment in the pharmacy I will be subjected to drug testing prior to employment.

Date Signed

Applicant's Signature

{ - - }

{Social Security Number}

6. Type of Employment Sought (check all that apply):

FULL TIME

PART TIME

HOURS AVAILABLE _____

If a job requirement, you will work:

Saturday

Sunday

Holidays

Nights

Various Shifts

Other

Date available for work: _____

7. Education and Training					
School/Location/Sponsor	Course of Study	Degree or Certificate		Date Obtained	
High School/GED		YES	NO		
Technical/Trade/Vocational School					
College/University					
Other					

8. YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. List your most recent employer first. If currently unemployed, leave present employer section of this application blank.

9. Present Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain _____.

10. Past Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No. _____ Number You Supervised: _____

Your Job Title: _____

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No,

MISCELLANEOUS: Answer the following questions by checking "Yes" or "No."

11.	Have you ever been convicted, plead guilty to any criminal violation of law? (A conviction does not automatically mean you cannot be hired.)	Yes	No
12.	Have you ever been discharged for any reason from any job? If yes, explain.	Yes	No
13.	If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?	Yes	No
14.	Have you filed an application here before?	Yes	No
15.	Have you ever been employed by Silver Rod Pharmacy?	Yes	No
16.	Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?	Yes	No