



CARE FOR LIFE

www.doverfamilypharmacy.com

1307 Donelson Pkwy • Dover, TN 37058
• 931-232-0123 • Fax: 931-232-1185

Application for Employment

Date: _____

Applicant's Full Name: _____

Email Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Position Applying for: _____ Expected Hourly Income: _____

Date Available for Work: _____ Preferred hours per week (max 40): _____

Hours you **ARE** available to work (during the summer): _____

Hours you are **NOT** available to work (during the summer): _____

Have you ever been convicted of a crime, other than minor traffic violations? _____

If yes, what were you convicted of and when? _____

List any friends or relatives in our staff and list relation: _____

Who referred you to us? _____

In case of Emergency notify: _____ Phone _____

Education and Training:

Graduate School: _____ City/State: _____

Dates Attended: _____ Graduation Date: _____

College: _____ City/State: _____

Dates Attended: _____ Degree: _____

High School: _____ City/State: _____

Dates Attended _____

Additional training: _____

Employment History (Please start with Present or Last employer):

Employer: _____ Salary or Hourly Rate: _____

Date Employed: _____ to _____ Position _____

Reason for leaving: _____ Phone _____

Employer: _____ Salary or Hourly Rate: _____

Date Employed: _____ to _____ Position _____

Reason for leaving: _____ Phone _____

Employer: _____ Salary or Hourly Rate: _____

Date Employed: _____ to _____ Position _____

Reason for leaving: _____ Phone _____

References: (Please exclude relatives)

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Occupation: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Occupation: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Occupation: _____

A. Where do you currently do business and/or shop that you feel valued as a customer and **WHY?**

B. Where do you not enjoy doing business and/or shopping and **WHY?**

C. Do you believe you would be an excellent representative of Dover Family Pharmacy? **WHY?**

Read Carefully and Understand Thoroughly:

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if I am employed, I will have no contract for continued employment and will be terminated-at-will, which means that both Dover Family Pharmacy and I will have the right to terminate my employment at any time, both with or without notice, and for any reason. Any false statement(s) made by me on this application is(are) grounds for dismissal. I authorize you to investigate my personal, criminal, and employment history. I understand that I may be asked to undergo drug or alcohol testing as part of the application process and as a condition of my continued employment if hired.

Applicant's signature: _____ date: _____