



PERSONAL INFORMATION

DATE / /

Name (last)		First		(Middle)		Social Sec #																									
Home Address				City		State	Zip																								
Home Telephone ()		Business Telephone ()		May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
Date Available / /		Are you interested in (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer																													
Days and Hours available				Best time to call to schedule an interview? (Check all that apply)																											
<table border="1"> <thead> <tr> <th>Day</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thurs</th> <th>Fri</th> <th>Sat</th> <th>Sun</th> </tr> </thead> <tbody> <tr> <td>From</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>To</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	From								To								<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening We hire people to work during the hours that best suit the needs of our customers. This includes shifts, nights, weekends and holidays. Are you willing to work these times if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun																								
From																															
To																															

MINORS - This section is to be completed ONLY if under age 18:

If under 18 years of age, and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO", please explain:	
Can you work school nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time dismissed from school:	Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School activities that would require schedule adjustments:			

Do you have a means of reporting to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a valid PA Drivers License? (If driving is a requirement of the job applied for.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

POSITION(S) APPLYING FOR:

<input type="checkbox"/> Pharmacy Student	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Merchandiser
<input type="checkbox"/> Buyer	<input type="checkbox"/> Salesperson Retail	<input type="checkbox"/> Delivery	<input type="checkbox"/> Warehouse/Stocking
<input type="checkbox"/> Office	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Accounting	<input type="checkbox"/> Part-time / Student
<input type="checkbox"/> Summer Job	Rate of pay expected:		

Physical: Are there any reasons you may have difficulty in performing any of the essential functions and duties of the position(s) for which you have applied?
 Yes No If "YES", please explain:

Do you have any relatives working for Klingensmith's? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "YES", who?	Where?
---	--	----------------	--------

EDUCATIONAL DATA

SCHOOL NAME	CITY AND STATE	DEGREE OR GRADE LEVEL COMPLETED	AREA OF SPECIALTY
Grade School			X
High School			
College/University			
Graduate School			
Trade, Business, or Other			

Please indicate the last grade completed: 8 or lower 9 10 11 12 GED

Name of School: _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicated if you were employed under a different name. *Note: If this is your first job, you may use other experiences such as mowing lawns or babysitting where you have had responsibility.*

If currently employed, may we contact your present employer? Yes No Past Employer (s)? Yes No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	SALARY OR WAGES	REASON FOR LEAVING
From: /	Name:	Job Title:	Starting	
Mo Yr	Address/City:	Supervisor:	Final	
To: /	State: Phone:			
Mo Yr				
List Major Duties at this job:				
From: /	Name:	Job Title:	Starting	
Mo Yr	Address/City:	Supervisor:	Final	
To: /	State: Phone:			
Mo Yr				
List Major Duties at this job:				
From: /	Name:	Job Title:	Starting	
Mo Yr	Address/City:	Supervisor:	Final	
To: /	State: Phone:			
Mo Yr				
List Major Duties at this job:				
From: /	Name:	Job Title:	Starting	
Mo Yr	Address/City:	Supervisor:	Final	
To: /	State: Phone:			
Mo Yr				
List Major Duties at this job:				

EXPERIENCE

Have you ever...	Yes	No		Yes	No
Waited on Customers?	<input type="checkbox"/>	<input type="checkbox"/>	Operated a cash register?	<input type="checkbox"/>	<input type="checkbox"/>
Stocked Merchandise?	<input type="checkbox"/>	<input type="checkbox"/>	Used Microsoft Office (Word, Excel, etc...)	<input type="checkbox"/>	<input type="checkbox"/>
Used a 10-key calculator?	<input type="checkbox"/>	<input type="checkbox"/>	Operated a PA Lottery Machine	<input type="checkbox"/>	<input type="checkbox"/>
List any computers or software you have used:					
What additional relevant experiences or training have you had other than your work experience, military service, and education?					

MISCELLANEOUS

Why do you want to work for this company?

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you a U.S. Citizen or do you have a legal right and necessary documents to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> (Identity and employment eligibility of all new hires will be verified as required by the immigration Reform and Control Act of 1986.)	
Were you ever discharged by any company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give the name of the company(ies)
Reason for discharge:	
Have you ever been convicted of a crime other than a motor traffic violation? The existence of a criminal record will not automatically disqualify you from the job for which you are applying. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain offense and final disposition:	

REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)				
Name	Address	Work Phone No.	Title	Years known
		()		
		()		
		()		
		()		

APPLICATION CERTIFICATION

(Please read carefully)

The facts set forth in this application for employment are true and accurate. I understand that if employed, false/omitted information on the application may be considered sufficient grounds for dismissal. I hereby authorize Klingensmith's Drug Stores, Inc. to verify all statements contained on this application and/or any resume to the extent permitted by Federal, State, or Local law. I understand that this application for employment will be kept for a period of 6 months and will remain active for thirty days. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Klingensmith's Drug Stores, Inc. I also understand that these policies, rules, regulations, and procedures do not constitute a contract. I understand that I am an employee -at-will and that my employment and compensation can be terminated without cause or notice, at any time, at the option of either the company or myself. I further understand that no representative of the Company has any authority to enter into any agreement with me changing my status as an employee-at-will or to grant me any greater rights than are given to me in the Company Handbook or by a written Company policy.

Signature of Applicant _____ Date _____

What Klingensmith's location are you interested in working? (Check all that apply.)

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Ford City | <input type="checkbox"/> Rimersburg | <input type="checkbox"/> Mercer |
| <input type="checkbox"/> Leechburg | <input type="checkbox"/> Kittanning | <input type="checkbox"/> Homer City |
| <input type="checkbox"/> Clarion | <input type="checkbox"/> Numine | <input type="checkbox"/> New Bethlehem |
| <input type="checkbox"/> Shelocta | <input type="checkbox"/> West Kittanning | <input type="checkbox"/> Warehouse |