



Job Application

Date: ___/___/___

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Best time to call to schedule an interview: Morning Afternoon Evening

Are you interested in (check all that apply) Full-time Part-time Temporary Summer

Date available to start: ___/___/___

Are you willing to work all shifts, including nights, weekends and holidays? Yes No

Are there any days/times you cannot work? _____

Do you have any relatives working for Klingensmith's? Yes No
If "YES", who and where?

Minors – This section is to be completed ONLY if under age 18

Do you have or can you get a work permit? Yes No If "NO", please explain:

Can you work school nights? Yes No Time dismissed from school: _____ Weekends? Yes No

School activities that would require adjustments:

Do you have means of reporting to work? Yes No

Location you are interested in working:

- Ford City Rimersburg Leechburg Kittanning Office
 West Kittanning Numine New Bethlehem Warehouse

POSITION(S) APPLYING FOR:

- Pharmacy Intern Pharmacist Pharmacy Fill Technician Pharmacy Data Entry Technician
 Merchandiser Retail Salesperson Delivery Warehouse/Stocking
 Office

Do you possess a valid PA Driver's License? (if applying for delivery position)

Yes No

Rate of Expected Pay:

Educational Data

School Name	City and State	Degree or Level Completed
High School		GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University		
Graduate School		
Trade, Business, or Other		

Employment History

List employment starting with your most recent position. Please indicate if you were employed under a different name. If this is your first job, you may use any other activity where you have had responsibility. (club officers, team captain, babysitting, etc.)

May we contact your current employer? Yes No

Past employers? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Experience

Have you ever...

Waited on customers? Yes No

Operated a cash register? Yes No

Stocked merchandise? Yes No

Operated a PA Lottery Machine? Yes No

List any computer software you have used: (Ex. Microsoft Office)

U.S. Military Service

Branch of Service	Time Served	Rank
	From:	
	To:	

Legal

Are you a U.S. Citizen or do you have a legal right and necessary documents to work in the U.S.? Yes No

Were you ever discharged by any company? Yes No

If yes, what company? _____

Reason: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

(The existence of a criminal record will not automatically disqualify you from the job for which you are applying.)

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	Phone Number	How do they know you?

Application Certification

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 signing this does not constitute a contract. I understand that, if hired, I am an employee-at-will and that my employment and compensation could 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 an agreement with me changing my status as an employee-at-will or to grant me any greater rights than are written in company policy.

Signature: _____ Date: _____