



Application for Employment

Are you ready to be amazing? Working for Parkland Health Mart Pharmacy means we need you to say YES to the following things:

1. You need to arrive before your shift starts and be ready to work every day with a positive attitude
2. We are a "no drama zone!"
3. We love to have fun, but you will be asked to work hard.
4. Our customers are our lifeblood. They demand our respect and courtesy with a smile AT ALL TIMES.
5. Working with us is not just another job. We want you to embrace the culture, take ownership of your responsibilities, and be dedicated.

If any of your answers are "no" or "I'm not sure," that's completely ok, but it also means you may not be a good fit for our company. If that is the case, carefully consider your application to us.

If you can say YES to all of these things, we definitely want to know about you! Please fill out the application form below, download it, then email to dhamby@parklandrx.com when finished. You will receive an acknowledgment from us that we have received your application. Submitting your application does not guarantee you an interview, but we WILL keep your application on file and we will review them as positions open up.

PERSONAL INFORMATION

Date of Birth: _____

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Phone #: _____

Referred by anyone? Yes No Name: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Full Time Part Time

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Have you ever applied to this company before? Yes No When? _____

EDUCATION HISTORY

Name and Location of School	Years Attended	Graduate?	Subject(s) of Study
High School			
College			
Trade, Technical, Etc.			

GENERAL INFORMATION

Please list any special skills or training that you feel would be useful on the job: _____

U.S Military or Naval Service: _____ Rank: _____

FORMER EMPLOYERS (List your last 4 employers, starting with the most recent.)

Dates of Employment	Name and Address of Employer	Position	Salary	Reason for Leaving

REFERENCES (Please list three persons not related to you that you have known for at least one year.)

Name and Address	How do you know this person?	Phone Number (required)	Years Known

It's time to sell yourself! Please write a paragraph describing to us what makes you a perfect fit for the Parkland Health Mart team. We are not looking for just a list of items. Spend a few minutes thinking about what is unique about you that you feel would be an asset to our company. We can't wait to find out what you have to say!

AUTHORIZATION

I certify that the statements and facts contained in this application are true to the best of my knowledge and understand that any false statements or misrepresentations are grounds for dismissal. I authorize the investigation of all statements and facts contained in this application, including the personal references and previous and current employers. I also release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any employment agreement for any specified period of time. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans With Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____

Date: _____