



8. **Reference 2**

Last Name	First Name
Relationship	Phone Number
Address	City, State and Zip

EOE  
EOE

9. **Work Experience:** List jobs beginning with your present or most recent employer.

<b>Employer</b>			<b>Duties:</b>
<b>Job Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Tenure Years</b>	<b>Hire Date</b>	<b>Leave Date</b>	<b>Reason for Leaving:</b>
<b>Salary Start</b>		<b>Salary End</b>	

<b>Employer</b>			<b>Duties:</b>
<b>Job Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Tenure Years</b>	<b>Hire Date</b>	<b>Leave Date</b>	<b>Reason for Leaving:</b>
<b>Salary Start</b>		<b>Salary End</b>	

<b>Employer</b>			<b>Duties:</b>
<b>Job Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Tenure Years</b>	<b>Hire Date</b>	<b>Leave Date</b>	<b>Reason for Leaving:</b>
<b>Salary Start</b>		<b>Salary End</b>	

11. MISCELLANEOUS

- a. Indicate day(s) and hours you can work: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Sat \_\_\_\_\_
- b. Have you ever been convicted for any violation(s) of law?  Yes  No If YES, please provide the following:  
 Description of offense:  
 Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_; Date of Conviction \_\_\_\_\_  
 County, City, State of \_\_\_\_\_,  
 (For additional convictions use plain paper. Include all information listed above.)

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Available Date \_\_\_\_\_

13. CERTIFICATION

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in Moye's Pharmacy. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

14. DRUG TESTING CONSENT

MOYE'S PHARMACY INC. RESERVES THE RIGHT TO MAKE EMPLOYMENT CONDITIONAL ON THE RESULTS OF A DRUG TEST.

I consent to undergo a urinalysis to determine the presence of alcohol or illegal drugs in my system. I understand the test will be given at company's expense. I further understand that the test results will remain confidential between the company and myself, except as may be required by law.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Parental/Guardian approval required for drug testing if applicant under 18 years old

Date: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_