

**Alford's Pharmacy & Drive Thru**  
**210 South Main Street, Suite 100**  
**P.O. Box 236**  
**Brownsville, KY 42210**  
**270-597-1044 (phone) - 270-597-1045 (fax)**  
**alfordspharmacy@gmail.com**

Alford's Pharmacy is an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or Employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, pregnancy, physical or mental disability. Applicants may be tested for illegal drugs.

**Personal Information**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years old or older?     Yes     No

**General Information**

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?

- Yes
- No

Have you ever been convicted of any felonies? *(A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)*

- Yes
- No

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Education & Training**

Circle last grade completed:

Grade – 1 2 3 4 5 6 7 8 9 10 11 12

College – 1 2 3 4

Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

	<b>Name &amp; Address of School</b>	<b>Major Course Studied</b>	<b>Graduated or Degree (Yes or No)</b>
High School			
College/University			
Graduate/Technical/Vocational			

List any scholarships, academic honors, awards or special achievements: \_\_\_\_\_

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### Skills

Please list any skills you have that are appropriate for the position you are applying for: \_\_\_\_\_

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Please state fully why you believe you are qualified for this position. \_\_\_\_\_

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### Position/Availability

Position Applying For: \_\_\_\_\_

Days/Hours Available

*(Alford's Pharmacy is opened Monday – Friday 8:30 am – 5:30 pm & Saturday 8:30 am – 1 pm)*

<u>Day</u>	<u>Hours</u>
• Monday	_____
• Tuesday	_____
• Wednesday	_____
• Thursday	_____
• Friday	_____
• Saturday	_____

What date are you available to start work? \_\_\_\_\_ Desired Hourly Rate: \$ \_\_\_\_\_

### Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **THREE** employers.

If currently employed, may we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

1.)

Full Name of Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_ Title of Your Position \_\_\_\_\_

Beginning Salary/Pay \_\_\_\_\_ Ending Salary/Pay \_\_\_\_\_ Employed from (Month/Year) To (Month/Year) \_\_\_\_\_

List jobs held, duties performed, skills used & promotions while employed at this company: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

2.)

Full Name of Company		Phone Number	
Street Address	City	State	Zip
Name & Title of Supervisor		Title of Your Position	
Beginning Salary/Pay	Ending Salary/Pay	Employed from (Month/Year)	To (Month/Year)

List jobs held, duties performed, skills used & promotions while employed at this company: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3.)

Full Name of Company		Phone Number	
Street Address	City	State	Zip
Name & Title of Supervisor		Title of Your Position	
Beginning Salary/Pay	Ending Salary/Pay	Employed from (Month/Year)	To (Month/Year)

List jobs held, duties performed, skills used & promotions while employed at this company: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### References

Please list two references other than relatives or previous employers.

1. \_\_\_\_\_  
Name Title/Position Company Phone Number

2. \_\_\_\_\_  
Name Title/Position Company Phone Number

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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