



An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

This Application is active for 90 Days  
After 90 Days you must reapply for  
further consideration.

Value Drugs Employment Policy  
Equal opportunity for all with out discrimination  
because of race, color, religion , creed, sex,  
age, marital status, national origin, disability or  
sexual orientation .

This application must be completed in full to be considered for employment.

## Personal Information

Last Name	First Name	Middle	Social Security #	Date
Present Address				
Previous Address				
Daytime Phone Number ( ) --		Evening Phone Number ( ) --		
When requested can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States ? Yes ___ No ___		Will visa or immigration status prevent you from being employed in the U.S. ? Yes ___ No ___		

*As of January 1, 1996 Value Drugs requires mandatory screening for narcotics and illegal drugs.*

Have you ever been convicted of a felony or misappropriation of property ? Yes ___ No ___ <small>an answer of "yes" to this question will not automatically disqualify you from</small>	If YES, when ? Explain : _____
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## Employment Specification

Position Desired	<input type="checkbox"/> Sales <input type="checkbox"/> Stock <input type="checkbox"/> Cashier	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> Asst. Manager	<input type="checkbox"/> Security <input type="checkbox"/> Manager <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evenings / Weekends	Salary Desired _____			
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Will you be available for holidays ? Yes ___ No ___

Value Drugs will make all reasonable accomodations for persons with mental and physical limitations, unless the accomodations would cause undo hardship on the managment and staff of Value Drugs Inc.

Please list any family members or associates that do presently or have in the past worked for Value Drugs Inc  
\_\_\_\_\_

## Education

	Name and Location	Years Attended	Grad. Year	Degree / Major
High School				
College				
What business systems and software can you operate				Type WPM :

Value Drugs is an affirmative action/ equal opportunity employer which does not discriminate on the basis of any characteristic protected by federal, state or local law , rule , regulation or ordinance. These characteristics include, but are not limited to : age , race , color , religion , sex , marital status , sexual orientation , national origin , veterans or status of disability.

# References

You must supply at least five references, who are not related to you with contact information (

	Name	Business	Address	Years Known	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					

# Employment History

Date	Company	Last Position	Supervisor's Name	Ending Salary	Reason for Leaving	May we contact ?
From						Yes <input type="checkbox"/> No <input type="checkbox"/>
From						Yes <input type="checkbox"/> No <input type="checkbox"/>
From						Yes <input type="checkbox"/> No <input type="checkbox"/>
From						Yes <input type="checkbox"/> No <input type="checkbox"/>
From						Yes <input type="checkbox"/> No <input type="checkbox"/>

## Please read the following section before you sign

I certify that all statements made by me on this application are true and complete and that I have withheld no information that is requested on this application . I agree if the information is found to be false in any respect including omission of information , this application will be cancelled and I will be dismissed from employment.

I authorize you to investigate all information on this application . I understand that you may contact any of my former employers, unless otherwise noted on this application, to check my prior employment history. I hereby authorize my former employers to release information pertaining to my work record , habits, performance.

I hereby authorize VDI to obtain a back ground investigative report made by a security or consumer reporting agency with respect to me . In doing so , I release the reporting agency , VDI and it's agents from any and all liability which may flow from the release of such information

Employment at VDI can be terminated by you or the company at any time with or without cause !

I understand that before an offer of employment is finalized, I will be required to submit to a Drug Screening to rule out the presence of illegal substances . The Drug Screening will be conducted at VDI's expense . If the drug screen demonstrates the presence of any illegal substances, I understand that my offer of employment will be rescinded or if I have already commenced work I will be Terminated.

Signature of Applicant: \_\_\_\_\_ Date : \_\_\_\_\_

### Office Use Only :

Employee Number \_\_\_\_\_ Interviewed By \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

