



Application for Employment

Grove Professional Pharmacy, Inc. (dba Grove Pharmacy), Grove Spa, and Grove Deli are all equal opportunity employers. All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital, or veteran status, medical condition, handicaps, or any other status protected by law.

Personal Information

Name (Last, First, Middle): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Position you are applying for: _____ Part Time Full Time

Date available to start: _____ Salary Desired: _____

Have you been previously employed by us? Yes No

Have you applied with us before? Yes No

Are you legally eligible to work in the United States? Yes No

If you are hired, you will be required by law to provide documents verifying your employment eligibility.

Referred by: _____

If any friends or relatives are employed by Grove Pharmacy, please list their names and title/department

Have you ever been convicted of a crime (excluding traffic offenses)? Yes No

If YES, please explain (a conviction does not necessarily disqualify an applicant for the position being applied for):



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Work History

(Give information about your last 3 jobs, starting with the most recent)

Employer: _____ Period Employed: _____

Address: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Supervisor Name: _____

Reason for Leaving: _____

Employer: _____ Period Employed: _____

Address: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Supervisor Name: _____

Reason for Leaving: _____

Employer: _____ Period Employed: _____

Address: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Supervisor Name: _____

Reason for Leaving: _____



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Personal References

List three personal references (excluding relatives and former employers).

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Military Service

Were you a member of the U.S. Armed Forces? Yes No

Describe your Military Duties: _____



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Education Record

High School

Name: _____

Location: _____

Number of Years Completed: _____ Did you Graduate? Yes No

Trade or Correspondence School

Name: _____

Location: _____

Number of Years Completed: _____ Did you Graduate? Yes No

What was your Course of Study or Training? _____

College

Name: _____

Location: _____

Number of Years Completed: _____ Did you Graduate? Yes No

What was your major? _____ Degree? _____

Please Read and Sign

The information I have provided in this application for employment is true and complete to the best of my knowledge. Should I be employed by Grove Professional Pharmacies, Inc.(dba Grove Pharmacy), Grove Spa, or Grove Deli, any misrepresentation or any false statement contained here in may be considered cause for disciplinary action or termination.

This company, in compliance with the provisions of the Fair Credit Reporting Act of 1997, may contract directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources concerning my prior employment, personal history, or credit standing.

I understand this application does not constitute an employment contract of any kind.

Signature: _____

Date: _____