



## Application for Employment

Grove Professional Pharmacy, Inc. (dba Grove Pharmacy and Grove Spa) are equal opportunity employers. All applicants will be considered for employment without regard to race, religion, color, sex, sexual orientation, 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: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Have you ever been employed by us before?                      \_\_\_ Yes \_\_\_ No

Have you ever 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 you have any friends or relatives employed by us please list their names and positions: \_\_\_\_\_

Have you ever been convicted or plead guilty to 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): \_\_\_\_\_



## Work History

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

Employer: \_\_\_\_\_ Period Employed: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Period Employed: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Period Employed: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

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

Grove Pharmacy  
1522 E Sunshine  
417-881-2910

Grove Pharmacy  
3050 S National Ste 109  
417-881-8822

Grove Pharmacy  
1636 S Glenstone Ste 108  
417-450-4848

Grove Spa  
1522 E Sunshine  
417-881-8887



### Professional References

(List three professional references excluding relatives or close personal friends. Please notify your references that Grove Pharmacy maybe contacting them.)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Adress: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

### Military Service

Were you a member of the US Forces?      \_\_\_\_Yes \_\_\_\_No

Describe your military duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Education History**

**High School**      Graduated?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Name:

Location:

Years Completed:

**Trade or Correspondence School**

Name:

Location:

Area of Study?

Did you Graduate?      Yes      No

**College**

Name:

Location:

Number of Years Completed      Did you Graduate?      Yes      No

Major?      Degree?

**Please Read and Sign**

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by Grove Professional Pharmacies, INC any misrepresentation or any false statement contained herein 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 contact 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:

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### AVAILABILITY FORM

Applicant Name:

Position:

Pharmacy Hours

Your Availability

Monday 9:00-6:00

Tuesday 9:00-6:00

Wednesday 9:00-6:00

Thursday 9:00-6:00

Friday 9:00-6:00

Saturday 9:00-1:00

Spa Hours

Monday 8:00-8:00

Tuesday 8:00-8:00

Wednesday 8:00-8:00

Thursday 8:00-8:00

Friday 8:00-8:00

Saturday 9:00-5:00

Signature

Date

Supervisor

Date