

## Lakeview Pharmacy Employment Application

*Please complete the entire application.*

### 1. Employer Information

**Employer:** Lakeview Pharmacy  
**Address:** 516 Monument Square  
**City/State/ZIP:** Racine, Wisconsin 53403  
**Telephone:** 262-632-0520

It is the policy of Lakeview Pharmacy to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### 2. Applicant Information

**Applicant Full Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City/State/ZIP:** \_\_\_\_\_  
**Number of years at this address:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Driver's License (State/Number):** \_\_\_\_\_

**3. Job Position Applied For:** \_\_\_\_\_

**4. Who referred you to our company?** \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here: \_\_\_\_\_

**5. Are you at least 18 years old?**      **Yes**                      **No**

**6. If you are offered employment, when would you be available to begin work?** \_\_\_\_\_

**7. If hired, are you able to submit proof that you are legally eligible for employment in the United States?                      Yes                      No**

**8. Applicant's Skills**

Please list any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (one represents poor ability, while five represents exceptional ability)

<b>Skill</b>	<b>Years of Experience</b>	<b>Ability</b>
_____	_____	<b>1 2 3 4 5</b>
_____	_____	<b>1 2 3 4 5</b>
_____	_____	<b>1 2 3 4 5</b>

**9. Applicant Employee History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

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

**City/State/ZIP:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**11. Applicant's Education and Training** *(If more space is needed add extra pages to application)*

**College/University Name and Address:** \_\_\_\_\_

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

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Please indicate any current professional licenses or certifications that you hold: \_\_\_\_\_

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Awards, Honors & Special Achievements:

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Military Services: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

## 12. References

List any two non-relatives who would be willing to provide a reference for you.

#1

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

**#2**

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

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**13. Please provide any other information that you believe should be considered , including whether you are bound by any agreement with any current employer:**

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## **Certification**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Lakeview Pharmacy to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Lakeview Pharmacy, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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Applicant Signature

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Date