



AFFORDABLE MARKET

1635 E. SOUTHPORT RD, INDIANAPOLIS IN 46227 PH: (317) 879-5514 F: (317) 879-5824
 web: www.affordablegpc.com

APPLICATION FOR EMPLOYMENT

I. Personal Information

Last Name		First	Middle	Date
Street Address			Home Phone	
City, State, Zip				
E-mail Address			Business Address	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security No.
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Month and Year _____ Location _____				
How did you learn of our organization?				
Are you legally eligible for employment in the United States?				
When will you be available to start working?				
Indicate the shift that best match your availability 7am to 3pm <input type="checkbox"/> 2pm to 10pm <input type="checkbox"/>				
Are you currently employed? If so, may we inquire of your present employer?				
Have you been convicted of a crime in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain.				
Are there any reasons you might not be able to perform job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain.				
Drivers License No.		State		Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No

II. Position of interest

- Pharmacist
- Pharmacy Technician
- Cashier/stocker
- Shift supervisor
- Delivery driver
- Marketing

III. Education

	Name and Location	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. Employment History

Company Name	Telephone
Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employment Period
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Address	Employment Period
Name of Supervisor	Hourly Rate
Start Job Title/Describe Your Work	Reason for Leaving

May we contact the employers listed above? Yes No

V. References

Name	Address	Business	Years Acquainted

VI. Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create contractual obligation upon the employer to continue to employ me in the future.

_____ Signature

_____ Date



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AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Affordable Market to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Affordable Market will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed