S&S DRUG
PHARMACY & HOME HEALTH SUPPLIES


PHARMACY
110 S. Mill
Beloit, Kansas 67420
1-800-222-3585
Work: 785-738-2285

HOME HEALTH SUPPLIES
113 S. Mill
Beloit, Kansas 67420
1-800-222-3585
Work: 785-738-2287

www.sandsdrug.com


# *Job Application*

Name: _____ Date of Birth: _____ /_____ /_____
LAST, FIRST, MIDDLE

Address: _____
STREET, CITY, STATE & ZIP

Permanent Address: _____
STREET, CITY, STATE & ZIP

Social Security #: _____ - _____ - _____ Driver's Lic. #: _____

Home Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Position you are seeking (please check):

☐ Pharmacists ☐ Pharmacy Technician

☐ Office Manager ☐ Insurance Billing ☐ Cashier/Clerk ☐ Delivery Driver

☐ HME Technician ☐ HME Manager ☐ Stockman ☐ Part-Time/Summer

Date you can start: _____ /_____ /_____

Days you can work (please check):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Former Employer: _____
COMPANY NAME & ADDRESS POSITION

_____
DATES OF EMPLOYMENT

Former Employer: _____
COMPANY NAME & ADDRESS POSITION

_____
DATES OF EMPLOYMENT

Former Employer: _____
COMPANY NAME & ADDRESS POSITION

_____
DATES OF EMPLOYMENT

**I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal, further, I understand and agree that my employment is no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice. In addition I also authorize a background check, per state regulations, be conducted prior to employment with S&S Drug.**

_____ _____ /_____ /_____
APPLICANT SIGNATURE DATE

IQAA ACCREDITED