

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 Bi	rth: /
LAST, FIRST, MID	DLE		
Address:	Y, STATE & ZIP		
Permanent Address:			
STREET, CIT	Y, STATE & ZIP		
Social Security #:		Driver's Lic. #: _	
Home Phone #:		Cell Phone #:	
Position you are se	eeking (please check):		
Pharmacists	☐ Pharmacy Technicia	an	
Office Manager	Insurance Billing	Cashier/Clerk	☐ Delivery Driver
☐ HME Technician	n HME Manager	Stockman	☐ Part-Time/Summer
Date you can start	:/		
Days you can work	(please check): esday ☐ Wednesday ☐ T	hursday ☐ 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		
omission of facts cal ment is no definite p without any previous	tion of all statements in this a lled for is cause for dismissal, eriod and may, at the discreti s notice. In addition I also aut mployment with S&S Drug.	further, I understand and fon of the employer, be te	d agree that my employ- rminated at any time
APPLICANT SIGNATURE			/

