

**Appalachian College of Pharmacy
Application for Employment**

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

EDUCATION

State the highest grade of high school you completed _____

If you did not complete high school, do you have a high school equivalency diploma? _____ Yes _____ No

State how many years of post-high school education you have completed _____

Name and Location of Institution	Hours	Degree	Major or Specialty	Dates Attended

If you expect to complete an education program in the near future, please indicate what type of degree or program and expected completion date: _____

EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Also, attach a resume to this application or additional paper if necessary.

1. Job Title _____ Employer _____

Duties _____

Address _____ Phone _____

Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Full-time ___ Part-time _____

Dates (mo/yr) _____ to (mo/yr) _____

2. Job Title _____ Employer _____

Duties _____

Address _____ Phone _____

Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Full-time ___ Part-time _____

Dates (mo/yr) _____ to (mo/yr) _____

3. Job Title _____ Employer _____

Duties _____

Address _____ Phone _____

Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Full-time ___ Part-time _____

Dates (mo/yr) _____ to (mo/yr) _____

4. Job Title _____ Employer _____

Duties _____

Address _____ Phone _____

Immediate Supervisor _____ Title _____

Salary (start) _____ (finish) _____ Full-time ___ Part-time _____

Dates (mo/yr) _____ to (mo/yr) _____

State any additional information you think would help evaluate your application, including training, seminars, workshops and special achievements or specialized skills:

Typing speed _____ words per minute.

Are you proficient in Microsoft Word, Excel, SAS, SPSS and PowerPoint?

___ Yes ___ No. If "yes," please describe your proficiency with these programs.

REFERENCES

Name	Address	Phone	Relationship

MISCELLANEOUS

All Appalachian College of Pharmacy facilities and campuses are tobacco free.

Do you use tobacco? ___ Yes ___ No. If you answered "yes" will you be able to comply with the College's policy and not use tobacco on or at any College facility? ___ Yes ___ No.

What job status will you accept? ___ Full-time ___ Part-time

What employment status will you accept? ___ Salaried ___ Hourly (no benefits)

Are you willing to live in Buchanan County, Virginia? ___ Yes ___ No.

For the purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the U.S.? ___ Yes ___ No.

Have you ever been convicted of a crime, including sex-related acts, child abuse, or moving traffic violations? ___ Yes ___ No. If you answered "yes," please provide the following:

1. Description of the offense(s) _____

Date of the Charge _____ Date of the Conviction _____

City, County and State of Conviction _____

2. Description of the offense(s) _____

Date of the Charge _____ Date of the Conviction _____

City, County and State of Conviction _____

Do you hold or have you ever held a business, trade, or professional license(s) (e.g., pharmacist, C.P.A., attorney, physician, psychologist) of any kind? ___ Yes ___ No.

If you answered “yes,” please state the following:

1. Type of license(s): _____
2. What state was the license(s) issued: _____
3. Has your license(s) ever been suspended or revoked or has your ability to practice your profession ever been subject to limitations for any reason? ___ Yes ___ No. If you answered “yes,” please describe in detail.

4. Have you ever been disciplined, including but not limited to a private censure, disbarment, public censure, temporary suspension, monetary fine or otherwise disciplined, or disqualified by the authority that regulates your license or have you surrendered your license? ___ Yes ___ No. If you answered “yes,” please describe in detail. _____

5. Have you ever been denied a business, trade, or professional license? ___ Yes ___ No. If you answered “yes,” please state in detail. _____

How (from what source) did you learn about this position? _____

A conviction of a crime or discipline regarding a professional license will not necessarily automatically disqualify you from employment.

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, including failure to disclose regardless of time of discovery, may result in the forfeiture on my part of any employment with the Appalachian College of Pharmacy. I understand that all information on this application is subject to verification and I consent to a criminal history background check. I also consent that the Appalachian College of Pharmacy may contact my references, former employers and educational institutions listed regarding this application. I further authorize the Appalachian College of Pharmacy to relay upon and use, as it sees fit, any information received from such contacts.

Date: _____

Applicant Signature _____