



WEBER & JUDD COMPANY
APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Thank you for your interest in employment opportunities with Weber & Judd Pharmacies. After completing this application for employment, please drop it off at any of our convenient locations or you may fax it to: (507) 536-4420

PERSONAL INFORMATION

DATE: SOCIAL SECURITY NUMBER:

NAME: FIRST MIDDLE LAST

ADDRESS: STREET CITY STATE & ZIP CODE

PHONE NUMBERS: PRIMARY TELEPHONE CELL PHONE

ARE YOU 18 YEARS OF AGE OR OLDER?

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

IN CASE OF EMERGENCY, NOTIFY: NAME PHONE

EMPLOYMENT DESIRED

POSITION DESIRED?

HOURS DESIRED PER WEEK?

FULL TIME OR PART TIME?

SALARY DESIRED?

DATE YOU CAN START?

HAVE YOU EVER APPLIED HERE BEFORE?

REFERRED BY:

ARE YOU EMPLOYED NOW?

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?

ARE YOU IN SCHOOL? GRADE:

NAME OF SCHOOL:

GENERAL INFORMATION

SPECIAL SKILLS?

ACTIVITIES

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

1.	NAME	PHONE #	BUSINESS	YEARS KNOWN
2.	NAME	PHONE #	BUSINESS	YEARS KNOWN
3.	NAME	PHONE #	BUSINESS	YEARS KNOWN

EMPLOYMENT INFORMATION

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST OR PRESENT ONE FIRST.

1.	NAME OF EMPLOYER	SUPERVISOR	PHONE #
	POSITION	SALARY	DATES OF EMPLOYMENT (FROM-TO)
	REASON FOR LEAVING		
2.	NAME OF EMPLOYER	SUPERVISOR	PHONE #
	POSITION	SALARY	DATES OF EMPLOYMENT (FROM-TO)
	REASON FOR LEAVING		
3.	NAME OF EMPLOYER	SUPERVISOR	PHONE #
	POSITION	SALARY	DATES OF EMPLOYMENT (FROM-TO)
	REASON FOR LEAVING		

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ SIGNATURE: _____