



FULL NAME: _____

POSITION: _____

DATE (DD/MM/YY): _____

FULL TIME PART TIME

Application for Employment

Thank you for your interest in People's Pharmacy. Please complete this application and email to info@peoplespharmacy.bm - Applications by email preferred.

CONTACT INFORMATION

Full Address: _____
HOUSE NAME/ APT# NUMBER AND STREET PARISH POSTAL CODE

Home Phone #: _____ Work #: _____ Cell/Pager #: _____ Email: _____

Date of Birth: _____ Gender: _____

EMPLOYMENT HISTORY

Beginning with your current or most recent job, list all previous employers within the past 10 years and provide a complete description of duties.

PLEASE NOTE: THIS SECTION MUST BE COMPLETED FULLY. YOU MAY SUBMIT YOUR RÉSUMÉ WITH THIS APPLICATION, HOWEVER, STATEMENTS SUCH AS "SEE RÉSUMÉ" DO NOT SUBSTITUTE FOR COMPLETING ANY PORTION OF THIS APPLICATION. ANY OFFER OF OR CONTINUED EMPLOYMENT MAY DEPEND UPON VERIFICATION OF EDUCATION, SKILLS AND EMPLOYMENT HISTORY.

EMPLOYER #1

Employer: _____ Job Title: _____

Address: _____ Salary: \$ _____ per _____
WEEK / MONTH / YEAR

Employed from: _____ Employed to: _____ Hours per Week: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

Reason for leaving: _____

Name of supervisor: _____ Supervisor's phone #: _____ OK to contact? _____
YES / NO

Describe your duties: _____

EMPLOYER #2

Employer: _____ Job Title: _____

Address: _____ Salary: \$ _____ per _____
WEEK / MONTH / YEAR

Employed from: _____ Employed to: _____ Hours per Week: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

Reason for leaving: _____

Name of supervisor: _____ Supervisor's phone #: _____ OK to contact? _____
YES / NO

Describe your duties: _____

EMPLOYER #3

Employer: _____ Job Title: _____

Address: _____ Salary: \$ _____ per _____
WEEK / MONTH / YEAR

Employed from: _____ Employed to: _____ Hours per Week: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

Reason for leaving: _____

Name of supervisor: _____ Supervisor's phone #: _____ OK to contact? _____
YES / NO

Describe your duties: _____

EDUCATION

Check one: Did not finish high school Completed high school diploma Completed G.E.D.

Name of high school (if applicable): _____ Date completed / final year: _____

COLLEGE #1

Name of college or university: _____ Graduated

Course of study: _____

Completed: Year 1, in: _____ Year 2, in: _____ Year 3, in: _____ Year 4, in: _____
(SELECT ONE) YEAR YEAR YEAR YEAR

COLLEGE #2

Name of college or university: _____ Graduated

Course of study: _____

Completed: Year 1, in: _____ Year 2, in: _____ Year 3, in: _____ Year 4, in: _____
(SELECT ONE) YEAR YEAR YEAR YEAR

Please list any additional acquired skills, knowledge or experience you would like considered in assessing your qualifications for this position - for example: volunteer work, family business, vocational training, etc.:

Do you know anyone who works for People's Pharmacy? If so, state who: _____

Are you Bermudian or married to a Bermudian? Yes No Are you under the age of 18? Yes No

Have you ever been convicted of a criminal offense in Bermuda or overseas? Yes No

If "yes", state the nature, resolution and date of the case(s): _____

I HEREBY CERTIFY THAT ALL THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EMPLOYMENT IN CERTAIN POSITIONS MAY BE CONDITIONAL UPON A REVIEW OF CRIMINAL RECORDS. I AUTHORIZE PEOPLE'S PHARMACY TO REQUEST AND OBTAIN RECORDS TO DETERMINE THE ACCURACY OF MY RESPONSES. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION OR TERMINATION OF ANY SUBSEQUENT EMPLOYMENT WITH PEOPLE'S PHARMACY.

Date: _____ Signature: _____