

EDUCAT

## **Application for Employment**

|      | OFFICE USE ONLY       |   |
|------|-----------------------|---|
| ept. | alary                 | _ |
| g. 3 | Part Time / Full Time |   |

| NAME<br>First:   | Middle:   | Last:  | Social Security Number:   |  |              |                      |
|--|---|--|---|--|--------------|----------------------|
| ADDRESS<br>Street:   | City:   | State:   | Zip:  | Pho  | ne Number    |                      |
| Position Appl  | ying for: Do you prefer<br>Full time/Part tim   | Salary Desired   | d: Any l  | imitations on ho   | ours or days | ? Date Available     |
| Do you presently Have you ever b Have you ever b Have you ever b Are you current Are you prevent (Pro How did you le | ted from lawfully becoming emp<br>nof of citizenship or immigration<br>earn about us? (circle one) Advo | y Chase? Yes/No  Yes/No Yes/No nan a minor traffic vi Yes/No Yes/No loyee in this country status will be require | If yes, give nan<br>If yes, give rea<br>olation?<br>If yes, give de<br>because of vis<br>d upon emplo | me:ason<br>ason<br>scription:<br>sa or immigration st<br>yment.) | relati       | ionship:             |
| SCHOOL<br>Elementary:  | NAME  | LOCATION   |   | COMPLETED  | GRADUAT      | TED   COURSE/MAJO    |
| High School  | •   |  |   |  |              |                      |
| College/Oth  | er:   |  |   |  |              |                      |
| Present Draf   | ft Status: Member   | of Active Reserv   | re? Summe   | er Camp Obliga<br>Yes/No   | tion? Expe   | ected Discharge Date |
| Branch:  | Date Entered:   | Date   | Separated:  | Type of Disch  | arge:        | Present or Last Rank |
| Special Skil   | ls or Training:   |  |   | 1  |              |                      |
| Are you abl  | e to perform what you und   | derstand to be th  | e functions   | of the position  | for which yo | ou are applying?     |
| What, if an  | y, accommodations would   | be required? (pl   | ease descri   | pe)  |              |                      |
|  |   |  |   |  |              |                      |
| FMAII  | ADDERSS !   | 3  |   |  |              |                      |

Corner Market & Pharmacy, Inc 3309 Grubb Road Silver Spring, MD 20910

HEAL

cornermarketpharmacy@gmail.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status. Equal Opportunity Employer.



## EMPLOYMENT HISTORY

Please begin with your current or last employer.

## **Application for Employment**

| Employer:   |  | Emp              | oloyed from: _    | to                                      | D:                                    |  |  |
|---|--|------------------|-------------------|---|---------------------------------------|--|--|
| Address:  |  |                  |                   |   | <del> </del>                          |  |  |
| Phone #:  |  |                  | _ Title:          |   |                                       |  |  |
| lob Performed:  |  |                  |                   |   |                                       |  |  |
| Supervisor's Name:  |  | Starting Sa      | lary:             | _ Ending Salar                          | ry:                                   |  |  |
|   |  |                  |                   |   | , , , , , , , , , , , , , , , , , , , |  |  |
| Employer:   |  | Em               | ployed from: _    | t                                       | o:                                    |  |  |
| Address:  |  |                  |                   |   |                                       |  |  |
| Phone #:  | Title:   |                  |                   |   |                                       |  |  |
| lob Performed:  |  |                  |                   |   |                                       |  |  |
| Supervisor's Name:  |  | Starting Salary: |                   | _ Ending Sala                           | Ending Salary:                        |  |  |
|   |  |                  |                   |   |                                       |  |  |
| Employer:   |  |                  |                   |   | to:                                   |  |  |
| Address:  |  |                  |                   |   |                                       |  |  |
| Phone #:  |  |                  | Title:            |   |                                       |  |  |
| Job Performed:  |  |                  | <u>.,</u>         |   |                                       |  |  |
| Supervisor's Name:  |  | Starting Sa      | alary:            | _ Ending Sala                           | ury:                                  |  |  |
|   |  |                  |                   |   |                                       |  |  |
| Employer:   |  | Em               | ployed from: _    |   | to:                                   |  |  |
| Address:  |  |                  |                   |   |                                       |  |  |
| Phone #:  |  |                  | Title:            |   |                                       |  |  |
| lob Performed:  |  |                  |                   |   |                                       |  |  |
| Supervisor's Name:  |  | Starting S       | alary:            | Ending Sala                             | ary:                                  |  |  |
|   |  |                  |                   |   |                                       |  |  |
| List four work-related refere   | nces who are not relatives.  |                  |                   |   |                                       |  |  |
|   | Address:   | 1                | Business Re       | lationship:                             | Phone:                                |  |  |
|   |  |                  |                   |   |                                       |  |  |
|   |  |                  |                   |   |                                       |  |  |
|   |  |                  |                   |   |                                       |  |  |
|   |  |                  |                   |   |                                       |  |  |
|   |  |                  |                   |   |                                       |  |  |
|   |  |                  |                   |   | for amaleumont                        |  |  |
| information on this application is ac<br>void and would be cause for imme | and in it's entirety it then becomes a void<br>ccurate and subject to check. I understand<br>diate dismissal in the event of employmen   | ent. Lagree to u | ndergo a physical | examination or a                        | drug screening at                     |  |  |
| for any criminal convictions. I here                                      | drate dismissal in the event of employments the request of the company and abide aby authorize previous employers and red authorization shall have the full force erminated at any time by either party with the company with the real party with the real party with the company with the real party with the rea | of the original. | I understand and  | reference miorin<br>agree that if hired | I, my employment                      |  |  |

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REFERENCES

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