



1320 East 2nd South
Salt Lake City, UT 84102
Phone 801-582-7624
Fax 801-582-7633
Email: www.universitypharmacy.com

Name _____
 Address _____
 Phone _____
 Social _____
 Position Applying _____
 Earnings Expected _____
 Referral Source Advertisement Relative Friend Walk In
 Other
 Emergency Contact _____
 Telephone _____

AVAILABILITY

Full Time (37+) Part Time Availability During School Vacations: Full Part None

	MON	TUES	WED	THURS	FRI	SAT
Hours Available: FROM						
TO						
School Schedule: FROM						
TO						

EDUCATION

Type of School	Name and Address	Major Courses	Circle Year Completed				Graduate? Give Year		Last Year Attended
			1	2	3	4	Yes	No	
High School			1	2	3	4			
College			1	2	3	4			
College			1	2	3	4			
Graduate			1	2	3	4			
Business			1	2	3	4			
Correspondence or Night School			1	2	3	4			

Scholastic Standing in High School _____ In College _____
 Typing Speed _____ Other Skills _____

EXTRACURRICULAR ACTIVITIES

Exclude organizations, the name or character of which indicates the race, creed color or nation origin of its members.

In High School _____ In College _____

Offices Held _____ Offices Held _____

Principal Sources of your spending money while in High School or College _____
 High School & College expenses you earned: None 0-25% 25-50% 50-75% 75% or more

EMPLOYMENT HISTORY

Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Reason For Leaving		Starting	Final	
Supervisor		Total Supervised_____		

Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Reason For Leaving		Starting	Final	
Supervisor		Total Supervised_____		

Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Reason For Leaving		Starting	Final	
Supervisor		Total Supervised_____		

SCOPE OF ADMINISTRATIVE AND PROFESSIONAL RESPONSIBILITIES IN LAST POSITION _____

What do you do for recreation? _____

AUTHORIZATION

(Please Read Carefully)

I authorize investigation of all matters contained in this application and agree that if, in the judgement of the company, any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by the company may be withdrawn, or my employment with the company may be terminated immediately without any obligation of liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have been employed. I agree to complete physical examinations and x-rays at the company's option and expense prior to employment, during employment, and prior to severing my employment.

SIGNATURE OF APPLICANT

DATE

INTERVIEW

- Job Description
 Following Directions
 The Importance of Questions
 Personal Appearance
 Polygraph
 Honesty & Moral Behavior
 Giving Away Company Property
 Meals
 Breaks
 Schedule
 Pay Policy

EMPLOYEE

MANAGER

DATE