

# 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.

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**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 (not including marijuana possession)? \_\_\_ 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.

The College is an equal opportunity employer and does not discriminate against employees on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, sexual orientation, or veteran’s status.

Title IX and §106.9 of Title 34 of the Code of Federal Regulations (C.F.R.) prohibit discrimination on the basis of sex in the educational program.

**Date:** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_