

Hibbitts Drug Company  
**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT ALL INFORMATION  
REQUESTED

|  |
|--|
|  |
|--|

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

|                                  |       |
|----------------------------------|-------|
| <b>PLEASE COMPLETE ALL PAGES</b> | DATE: |
|----------------------------------|-------|

|             |       |        |        |
|-------------|-------|--------|--------|
| Name – Last | First | Middle | Maiden |
|             |       |        |        |

Present Address

Present City, State Zip

|          |                        |
|----------|------------------------|
| How Long | Social Security Number |
|----------|------------------------|

|           |                              |
|-----------|------------------------------|
| Telephone | If under 18, please list age |
|-----------|------------------------------|

|                      |                                     |
|----------------------|-------------------------------------|
| Position applied for | <b>Days/hours available to work</b> |
|----------------------|-------------------------------------|

|  |               |          |
|--|---------------|----------|
|  | No Preference | Thursday |
|--|---------------|----------|

|                |        |        |
|----------------|--------|--------|
| Salary desired | Monday | Friday |
|----------------|--------|--------|

|  |         |          |
|--|---------|----------|
|  | Tuesday | Saturday |
|--|---------|----------|

|  |           |        |
|--|-----------|--------|
|  | Wednesday | Sunday |
|--|-----------|--------|

|                                       |  |                               |  |
|---------------------------------------|--|-------------------------------|--|
| How many hours per week can you work? |  | Can you work nights/weekends? |  |
|---------------------------------------|--|-------------------------------|--|

|                    |                |                |                   |
|--------------------|----------------|----------------|-------------------|
| Employment desired | Full Time Only | Part Time Only | Full or Part Time |
|--------------------|----------------|----------------|-------------------|

When available to begin work?

**EDUCATION**

| TYPE OF SCHOOL              | NAME OF SCHOOL | LOCATION<br>(Complete mailing address, use reverse side if necessary) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|-----------------------------|----------------|---|---------------------------|----------------|
| High School                 |                |   |                           |                |
| College                     |                |   |                           |                |
| Other Post Secondary School |                |   |                           |                |
| Other Post Secondary School |                |   |                           |                |

|  |    |     |
|--|----|-----|
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? | No | Yes |
|--|----|-----|

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

I understand a criminal background check may be conducted and my signature is an authorized consent.

Hibbitts Drug Company  
**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT ALL INFORMATION  
REQUESTED

|   |    |                 |
|---|----|-----------------|
| DO YOU HAVE A DRIVER'S LICENSE?                                 | No | Yes             |
| What is your means of transportation to work?                   |    |                 |
| Driver's license number & state                                 |    | Expiration date |
| Have you had any accidents during the past three years?         |    | How many?       |
| Have you had any moving violations during the past three years? |    | How many?       |

**REFERENCES**  
Please list two references other than relatives or previous employers

|            |            |
|------------|------------|
| Name:      | Name:      |
| Position:  | Position:  |
| Company:   | Company:   |
| Address:   | Address:   |
|            |            |
| Telephone: | Telephone: |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**MILITARY SERVICE**

|  |               |                    |
|--|---------------|--------------------|
| HAVE YOU EVER BEEN IN THE ARMED FORCES?                    | No            | Yes                |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR THE RESERVES | No            | Yes                |
| SPECIALITY:  | Date Entered: | Discharge Date:    |
|  |               | Type of Discharge: |

Hibbitts Drug Company  
**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT ALL INFORMATION  
REQUESTED

|  |
|--|
|  |
|--|

|  |  |                  |                |
|--|--|------------------|----------------|
| <b>Work Experience</b>   | Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. |                  |                |
| Name of employer<br>Address<br>City, State Zip<br>Phone Number   | Name of last supervisor  | Employment dates | Pay or salary  |
|  |  | From<br>To       | Start<br>Final |
|  | Your last job title  |                  |                |
| Reason for leaving (be specific)   |  |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                  |                |
| Name of employer<br>Address<br>City, State Zip<br>Phone Number   | Name of last supervisor  | Employment dates | Pay or salary  |
|  |  | From<br>To       | Start<br>Final |
|  | Your last job title  |                  |                |
| Reason for leaving (be specific)   |  |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                  |                |
| Name of employer<br>Address<br>City, State Zip<br>Phone Number   | Name of last supervisor  | Employment dates | Pay or salary  |
|  |  | From<br>To       | Start<br>Final |
|  | Your last job title  |                  |                |
| Reason for leaving (be specific)   |  |                  |                |

Hibbitts Drug Company  
**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT ALL INFORMATION  
 REQUESTED

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State Zip<br>Phone Number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|   |    |     |
|---|----|-----|
| May we contact your present employer?       | No | Yes |
| Did you complete this application yourself? | No | Yes |
| If not, who did?                            |    |     |

I certify that all the information on this application is true and correct.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name