

# Bob's U-Save Pharmacy

## Employment Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**Availability:** (please specify a.m. or p.m.)

Monday:	Tuesday:	Wednesday:	Thursday:
Friday:	Saturday:	Sunday:	

Are you 18 years or older? YES  NO  Are you a citizen of the United States? YES  NO

Are you bilingual? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I agree that if employed, my employment is voluntary and that I or BMB Rx Enterprises Inc. have the right to terminate employment at any time. I also agree that BMB Rx Enterprises Inc. shall not be liable in any way if my employment is terminated because of false statements, answers or omissions made by me on this application. I authorize BMB Rx Enterprises Inc. to investigate my background. I authorize all former employers to disclose all information personal or otherwise, concerning my previous employment, and I release my former employers from all liability for any damage resulting from the issuance of information. I understand that I may be tested for drugs as a condition of my employment, and that my refusal to submit to such test when asked will subject me to immediate termination. If employed, I agree to comply with all rules, regulations and policies of BMB Rx Enterprises Inc.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Bob's U-Save Pharmacy

## Pre-Employment Exam

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Social Security No.: \_\_\_\_\_

### Questionnaire

1. What do you like most about your current or most recent job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What do you like least about your current or most recent job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Why do you want to work at Bob's U-Save Pharmacy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What qualities can you bring to Bob's U-Save Pharmacy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If a sale totals \$10.97 and the customer gives you a twenty-dollar bill, how much change should the customer be given? \_\_\_\_\_

6. If an item cost \$1.00 and we want to sell it at a price that will earn a 50% profit margin, what would the price be?

Note: Profit Margin means Price minus Cost, Profit Margin % means Profit Margin/Price x 100.

a. \$1.25

b. \$1.50

c. \$2.00

d. \$1.67

7. If the regular retail price is \$2.00 and it is on sale for 25% off, what would be the sale price? \_\_\_\_\_

8. The total sale is \$27.86 and the customer gives you a fifty-dollar bill. How many twenty-dollar bills would the customer's change likely include? \_\_\_\_\_

9. There are no twenty-dollar bills in the register. The total sale is \$27.86 and the customer gives you a fifty-dollar bill. How many ten-dollar bills would the customer be likely to receive? \_\_\_\_\_

10. The total sale is \$35.50 plus the customer wants to pay off his charge account. The balance of the charge account is \$16.49 and the customer wants to write out his check for ten-dollars over. What amount would you tell the customer to write the check for? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_