

**BARTELL DRUGS***Washington's Own Drugstores*

4727 Denver Avenue South, Seattle WA 98134 – (206) 763-2626

**EMPLOYMENT APPLICATION**

The Bartell Drug Company is an equal opportunity employer and a drug free workplace.

**PERSONAL INFORMATION**

Last Name		First Name		Middle Initial
Address		City	State	Zip Code
Home Phone Number	Cell Phone Number		Email Address	
Are you between 16 and 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (A minors work authorization is required if under 18 years old)				
Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**POSITION INFORMATION**

Position Applying For		Salary Expected		Are you available to work Holidays?			
				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hours Interested In							
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Relief <input type="checkbox"/> Graveyard							
Please Indicate Schedule Availability							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
At which Bartell Drug Stores are you available to work?							
Why do you wish to work for Bartell Drugs?							
How were you referred to Bartell's?							
Names of relatives working for this company (include location and relationship):							

**Fill out this section only if you are a Pharmacist or Pharmacy Technician:**

Which state(s) are you registered in?		License Number	NPI
Have you completed any certification programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently, or have you ever been, or has the Government proposed that you be, excluded from participation in Federal funded health care programs (e.g., Medicare, Medicaid)? If yes, please describe the circumstances and indicate the period of exclusion. <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION

TYPE OF SCHOOL	NAME, LOCATION, & DATES ATTENDED	MAJOR/SUBJECT	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE? IF YES, GIVE DEGREE
High School	From      To		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community College or Trade School	From      To		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	From      To		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Training	From      To		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WORK HISTORY –** Start with current or last job, include military service. Do not skip jobs. You may include volunteer work if you wish. ***Please complete this section even if you attach a resume.***

DATES	EMPLOYER NAME AND ADDRESS	NAME AND TITLE OF IMMEDIATE SUPERVISOR	YOUR POSITION AND DUTIES	SALARY	REASON FOR LEAVING
FROM Mo. Yr.	Phone No: (    ) -       -			Starting	
TO Mo. Yr				Ending	
FROM Mo. Yr.	Phone No: (    ) -       -			Starting	
TO Mo. Yr				Ending	
FROM Mo. Yr.	Phone No: (    ) -       -			Starting	
TO Mo. Yr				Ending	
FROM Mo. Yr.	Phone No: (    ) -       -			Starting	
TO Mo. Yr				Ending	
Please account for any gaps in employment:					
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## OTHER INFORMATION

Were you ever fired or offered an opportunity to resign rather than be fired, even if prior to the last position indicated in the Work History?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give company name, address, your employment dates, and explain:	
Have you previously worked for Bartell's?	Do you have a legal right to work in the U.S.A.?
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give dates and location(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a criminal offense in the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
<u>Have you entered a diversion program or obtained a deferred criminal sentence in the last seven years, or do you have criminal charges pending before any court?</u> (A criminal record does not automatically disqualify an applicant for employment)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT REFERENCES – Preferably persons who are familiar with your work background.

NAME	YEARS KNOWN	ADDRESS/PHONE #	EMPLOYER/BUSINESS ADDRESS/PHONE #
1.			
2.			
3.			

## CLARIFICATION STATEMENT INVESTIGATION AND PRE-EMPLOYMENT DRUG TESTING NOTICE

By my signature below (for on-line applications by submitting this application) I certify that all of my statements and information are true and I understand that any false statements, misrepresentations, or omission of facts to any portion of this application or accompanying documents is grounds for dismissal, regardless of when or how discovered. I acknowledge that, if I am employed, there will be a 90-day introductory period. I understand that, even after 90 days, I am an at will employee which means that I or the Company may end my employment at any time. I agree to submit to a drug screen and/or physical examination if necessary following any conditional offer of employment. I grant permission to the Company to investigate my criminal-history, education, prior employment history and references and I hereby release Bartell Drugs and any company, individuals or agencies who assist with or provide information for our investigation, for all liability for any damage.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date