

Application for Employment
Hoey Apothecary
 4002 Monona Dr, Madison, WI 53716
 P: 608.221.4639 F: 608.709.1270

Date _____

Personal Information

| | | |
|----------------------------|---------------------|----------|
| Last Name | First Name | M.I. |
| Street Address | City/State | Zip Code |
| Primary Phone No. | Alternate Phone No. | |
| E-mail address (optional): | | |

Employment

| | | |
|---|---|-----------------------------------|
| Position(s) Desired | Date You Can Start | Wage Desired \$ _____ per hour |
| Preferences (please check all that apply) Part-time ____ Full-time ____ Seasonal ____ | Are you currently employed? Yes _____ No _____ If so, may we contact your present employer? Yes _____ No _____ | |
| Have you ever applied for employment with HA before? If so, when? | Were you referred to us by someone? If so, who? | |
| Have you ever been convicted of a crime? Yes _____ No _____ If so state the date and jurisdiction of the conviction and the nature of the crime: | | |

Education/Training

| Name and Address of School | Did You Graduate? | Area(s) of Study |
|---|-------------------|------------------|
| High School | | |
| College | | |
| Trade or Business School | | |
| Other Training, Interest or Skills? Please describe: | | |
| Students Only: Please list extra-curricular activities (and scheduling info, if possible): | | |

Former Employers (Please list last three former employers, starting with most recent)

| Date Beg/End | Employer Name, Address, Phone No. | Supervisor Name | Position | Wage | Reason for Leaving |
|--------------|-----------------------------------|-----------------|----------|------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

References

| Name | Address & Phone No. | Business/Vocation | Relationship (friend, co-worker, neighbor, teacher, etc.) | Years Known |
|------|---------------------|-------------------|--|-------------|
| | | | | |
| | | | | |
| | | | | |

Authorization

The information provided in this application is true and complete to the best of my knowledge. I understand that if I become employed by Hoey Apothecary, any false information contained in this application may be grounds for dismissal.

I hereby authorize Hoey Apothecary and any of its employees or agents to investigate and verify any information contained in this application. I also authorize any former employers and personal references listed to release any information they may have which is pertinent to this application or potential employment by Hoey Apothecary.

Applicant Signature _____ Date _____

To be completed *after* hire:

DOB: _____ SS#: _____

DL#: _____ Start Date: _____ Start Wage: _____