



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Alternate Phone		
Date Available		Desired Salary	
Position(s) Applying for			
Are you available to work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Why are you interested in applying for a position with CVS?			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever filed an application with us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever worked for CVS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony in the past 7 years? (Conviction of a felony is not necessarily grounds for exclusion from employment.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you currently on "layoff" status and subject to recall?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you available to travel if job requires?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
PLEASE LIST THREE PROFESSIONAL REFERENCES. (PEOPLE WHO CAN ATTEST TO YOUR WORK CAPABILITIES.)	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (BEGINNING WITH THE MOST RECENT.)			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>

DRIVERS LICENSE

Number

State

Class

Endorsements

Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Traffic convictions and forfeitures for the past three (3) years (other than parking violations). If none, write none.

Location

Date

Charge

Penalty

ACCIDENT RECORD FOR PAST THREE (3) YEARS, IF NONE, WRITE NONE.

Dates

Nature of accident

Injuries

Fatalities

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

In signing this application for employment, I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I am employed. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand further that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations, who provide such information.

If offered employment, I consent to taking a physical examination as may be required by the company. I understand that offer of employment to me will be conditioned on my meeting the minimum physical standards reasonably necessary for the essential functions of the work I will perform with or without accommodations, as determined by the opinion of a qualified medical professional. I agree to wear or use protective clothing or devices as required by the company and to comply with the safety rules.

I agree that the entire contents of this application form as well as the report of any such examination may be used by the company to whatever manner it wishes.

I hereby acknowledge that employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

Signature		Date	
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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

In support of my application for employment with Cedar Valley Services, Austin, Owatonna, or Albert Lea Divisions, I hereby authorize my former employer(s), educational institution(s), and any and all other references given to release information about my employment, grades, and educational achievements, and other information as may be appropriate for employment consideration. This may include, but not be limited to, completion of a standardized reference form. A copy of this form shall serve as well as an original.

Signature		Date	
Applicant's Full Name			