

Logan & Seiler, Inc.

L&S and Medical Arts Pharmacies

Employment Application

406 South Main Street
Charleston, MO 63834
573-683-3307 | www.semorx.com

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____ Date _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

United States Citizen: YES or NO

Tobacco User: YES or NO

APPLICATION

Position Applying: _____

Full or Part Time: _____ Salary Desired: _____

Are you employed now? _____ Date available to start work if hired: _____

Have you ever worked in a pharmacy? _____ If yes, where _____

Have you ever been convicted of a crime? _____ If yes, please explain _____

EDUCATION

High School : _____ Graduation Date: _____

List all College, business, or technical training schools attended	Dates attended	Major/Course of Study	Degree or Certificate

QUALIFICATIONS

On a scale from 1(poor) to 10(excellent), please rate yourself in the following categories

1. Willingness to learn new things: _____ Explain _____
2. People skills: _____ Explain _____
3. Computer skills: _____ Explain _____

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EMPLOYMENT HISTORY *(start with your most recent job)*

1) Company name: _____ Phone no: _____
 Address: _____
 Employed from : _____ to _____ Full time? _____ Part time? _____ Temp. _____ Job
 Title: _____ Salary: _____ Supervisor: _____
 Duties: _____
 Reason for leaving _____

2) Company name: _____ Phone no: _____
 Address: _____
 Employed from : _____ to _____ Full time? _____ Part time? _____ Temp. _____
 Job Title: _____ Salary: _____ Supervisor: _____
 Duties: _____
 Reason for leaving _____

3) Company name: _____ Phone no: _____
 Address: _____
 Employed from : _____ to _____ Full time? _____ Part time? _____ Temp. _____
 Job Title: _____ Salary: _____ Supervisor: _____
 Duties: _____
 Reason for leaving _____

REFERENCES

Name	Address	Years Known	Relationship	Telephone No.
1)				
2)				
3)				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false/omitted information on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing same to you.

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Applicant Signature _____ Date _____