

KERR DRUG

3220 Spring Forest Road

Raleigh, North Carolina 27616

The following information is requested in order to help us make the best possible placement within the company. All portions of this application must be completed. We appreciate the time you spend completing this application form. Kerr Drug, Inc. is an affirmative action and equal opportunity employer that does not discriminate on the basis of age, race, citizenship, veteran status, religion, color, sex, national origin, marital status, disability or any other characteristic protected by federal, state or local rule, law or regulation.

ANSWER ALL QUESTIONS - PLEASE PRINT IN BLUE OR BLACK INK

EMAIL ADDRESS: _____
 PREFERRED NAME: _____

PERSONAL DATA

NAME _____ Primary Phone: () _____
last first middle

ADDRESS _____ Secondary Phone: () _____
city state zip

Are you legally authorized to work in the United States? Yes _____ No _____

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You also will be required to sign form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

Position for which you are applying _____

Please indicate days and times you are available for work _____

Can you work overtime? _____ Yes _____ No NOTE: Work schedules are based upon the needs of the business and may be subject to change.

Are you at least 18 years of age? _____ Yes _____ No If no, please indicate age _____

Have you ever been convicted of a crime?* _____ Yes _____ No

If yes, please explain: _____

* A criminal conviction is not an absolute bar to employment. Since Kerr Drug, Inc will consider the nature of the crime, when it occurred, any subsequent rehabilitation you may have undergone and the specific requirements of the job for which you applied, please describe:

Have you been discharged from any employment or asked to resign? _____ Yes _____ No

If yes, Please explain:

EDUCATION

	School Name	Address	Major	Degree	Grade Average
High School					
College					
Graduate					
Other					

Circle highest grade completed: Grade School High School College Graduate School
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Extracurricular activities and hobbies: _____

Do not list any information which could reveal your membership in a protected group, such as information about race, religion, national origin, color, sex or any other characteristic protected by federal, state or local law, rule or regulation.

Manager to complete:

New Associate's Job Title _____ Dept or Store # _____ Rehire? Yes No (circle one)

Starting Rate _____ Starting Date _____ File # _____ Full Time Part Time

Employment Approved By _____

MILITARY RECORD

Has your employment or education been interrupted or followed by service in the United States Armed Forces?

_____ Yes _____ No If yes, when? _____

Highest Rank: _____ Date of Service: From _____ To _____

Employment Please list most recent position first. Account for all periods of time including military service and any periods of unemployment. Please do not state "see resume". Complete the entire application even if resume is attached.

From Mo/Yr	To Mo/Yr	Employer	Your Job Title And Supervisor	Salary	Reason For Leaving
		Name _____ Address _____ City & State _____ Telephone # _____			
		Name _____ Address _____ City & State _____ Telephone # _____			
		Name _____ Address _____ City & State _____ Telephone # _____			

Do you have any relatives presently employed with Kerr Drug or its divisions? Yes No If yes, name: _____ location: _____

Account for any gaps in Employment History _____

May we contact your present employer? _____ Yes _____ No

Have you worked for Kerr Drug in the past? _____ Yes _____ No

If yes, when? _____ Where? _____ Manager's Name? _____

Position: _____ Reason for leaving: _____

References List three business references - no relatives

Name	Company	Phone (Area Code and Number)
1. _____		
2. _____		
3. _____		

Additional Information

Pharmacists list states registered: _____

I understand and agree that if hired by Kerr Drug in any capacity, I may be required to work nights and on Saturdays and Sundays as needed. My work schedule will be subject to modification at any time. If you believe that you are unable to work the hours scheduled, please bring the matter to the attention of the Store Manager so that Kerr Drug can explore with you a reasonable accommodation of your needs.

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete; and I understand that the omission or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal. I hereby authorize Kerr Drug, Inc., to obtain reference information such as information about criminal record, driving record, credit, and educational history, military service and former employment. I acknowledge that any offer of employment and subsequent employment is conditional upon satisfactory reference checks. Furthermore, I acknowledge that, if employed, additional background information may be requested and obtained during my employment without notice to me. In addition, I give my consent for all persons, including former employers, to provide information concerning this application, and I release each such persons from liability for providing information to the company and the company from any liability incurred from reacting upon the reference information.

If employed by Kerr Drug, Inc., I will abide by its rules and regulations which may be amended from time to time by the company without notice. If hired, I understand that my employment with the company will initially be on a 90-day review period basis. Furthermore, I understand that, if employed, employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written, by any representative or agent of the company, except the VP of Human Resources, in a signed document, can at any time, constitute a contract of employment or promise or guarantee of particular treatment. The company and/or all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

SIGNATURE _____ DATE _____