



# APPLICATION FOR EMPLOYMENT

Please complete the entire application to ensure processing. Thank you.

Date of Application	Day	Month	Year

## PERSONAL INFORMATION *(Please print)*

Last Name:		First Name:		Initial:	
Are you 16 years of age or older? (Proof of age may be required if hired)	YES NO	Are you legally able to work in Canada?	YES NO	Have you ever been convicted of a criminal offense for which a pardon has not been granted?	YES NO
Address:	Street	City	Province	Postal Code	
Phone Number (Home):	Phone Number (Mobile):	Email Address:			

## EMPLOYMENT DESIRED

Position:	Location/ Department:		Salary Desired:		Date You Can Start:		
How did you hear about us? Please circle all that apply.	Agency	Existing Employee	Walk-In	Advertisement	Company Website	Other (Specify)	
Specify hours available for each day of the week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you able to work overtime?	Have you ever worked for Paragon Pharmacies?		If yes, when and for which location?				

## EMPLOYMENT CONDITIONS

At Paragon, we have high standards of personal appearance. You may be required to wear a uniform or follow a dress code. Are you willing to meet these standards?	YES	NO
Because the hours and shifts are so varied, it is necessary to have reliable transportation. Do you have reliable transportation?	YES	NO
Are you willing to relocate? If yes, to where?	YES	NO

## EDUCATION

	Name and Address of School	Did you Graduate?	Subjects Studied Degrees/Diplomas Received
High School		YES NO	
Post Secondary		YES NO	

## GENERAL

Have you ever visited a Paragon Community Pharmacy location? Where? Describe your experience.

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Why would you like to work for Paragon Community Pharmacy?

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Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective?

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**FORMER EMPLOYERS**

*Please list below the last three employers, starting with the most recent one first. Also include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete this section even if you have attached a resume.*

<b>1</b>	<i>Employer Name, Address and Type of Business</i>	<i>Salary or Hourly Wage</i>	<i>Position</i>
From:		Starting:	
To:		Ending:	
		Average Hours Worked per Week:	
Reason for Leaving:			
Duties Performed:			
Supervisor's Name:		Phone Number:	May We Contact Them?
<b>2</b>	<i>Employer Name, Address and Type of Business</i>	<i>Salary or Hourly Wage</i>	<i>Position</i>
From:		Starting:	
To:		Ending:	
		Average Hours Worked per Week:	
Reason for Leaving:			
Duties Performed:			
Supervisor's Name:		Phone Number:	May We Contact Them?
<b>3</b>	<i>Employer Name, Address and Type of Business</i>	<i>Salary or Hourly Wage</i>	<i>Position</i>
From:		Starting:	
To:		Ending:	
		Average Hours Worked per Week:	
Reason for Leaving:			
Duties Performed:			
Supervisor's Name:		Phone Number:	May We Contact Them?

**REFERENCES**

*Please provide names of three professional references whom you have known at least one year.*

Name	Address and Phone Number	Business	Years Acquainted? How do you know this person?

*I hereby consent to the review of my personal and employment history for the purpose of determining my suitability for employment. I understand this review may include, but not be limited to, verification of the information I have provided. I consent to my previous employers and my references being contacted for the purpose of this review. I further consent to my current and previous employers and references disclosing my personal and employment history as may be required in the course of the consideration of my application for employment.*

*I hereby affirm that the information provided on this application form is complete and accurate. I accept that incomplete, inaccurate, misleading or false information provided by me will disqualify me from further consideration for employment and will constitute just cause for summary dismissal if discovered or revealed after I am hired.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR RETAIL POSITIONS PLEASE SUBMIT THIS APPLICATION AT YOUR NEAREST STORE LOCATION.**

**OFFICE USE ONLY**

Application Received By:

Date: