



Personal Inform	ation		
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Phone: ()			es Citizen or legally eligible to work in
			No (if hired, you will be required to
D.:	Duizza Za Liana a Mana		n that you are eligible to work in the U.S.)
Drivers	Driver's License Num	ber: Sta	te Issued:
<u>H</u>			
<u>Ha</u>			
Title of Position Apply	ing For		Date Available to Work
		L	
Have you been previous	ly interviewed or employed by I	Roots Rx? Yes No	
If Yes, list date(s) and jo			
Do you have any relativ	es currently working for Roots F	2v? Ves No	
If Yes, list names and re			
Are you employed now) If so, m	nay we contact your present em	nlover?

Education					
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					

	mployment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary)				
Employer:	Dates Employed:		Job Title:		
	From	To			
Address:	1				
Telephone:		Job Duties:			
Weekly Pay Start: Fi	nish:				
Reason for Leaving:					
Employer:	Dates Employed:		Job Title:		
	From	To			
Address:	•				
Telephone:		Job Duties:			
Weekly Pay Start: Fi	nish:				
Reason for Leaving:					
L					
Employer:	Dates Employed:		Job Title:		
	From	To			
Address:					
Telephone:		Job Duties:			
Weekly Pay Start: Fi	nish:				
Descen for Leaving		_			
Reason for Leaving:					

eferences	Please list names of super	rvisors, managers, or oth	ners who can comment directly on you	ur abilities:
ne	Address	Phone #	Relationship/Occupation	Years Known
	<u>Have yo</u>	u ever been convicted	of a crime? If yes, please explain	<u>n below:</u>

Roots Rx is an Equal Opportunity Employer. It is the policy of Roots Rx not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employed, false statements on this application for employed.	1
dismissal. You are hereby authorized to make investigation of my personal	
Signature of Applicant	Date