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**EDUCATION AND TRAINING**

<b>High School:</b> Name/Address:	<b>Diploma</b> ____ Yes ____ No	<b>If no, highest grade completed</b>
<b>College:</b> Name/Address:	<b>Degree</b> ____ Yes ____ No	<b>Major:</b>
<b>Business/Technical/Other School</b> Name/Address	<b>Area of Study:</b>	

**WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume."**

**PLEASE NOTE: The Florida Pharmacy Association reserves the right to contact all current and former employers for reference information.**

**CURRENT OR MOST RECENT EMPLOYER**

Employer Name \_\_\_\_\_ Type of business \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \_\_\_\_\_

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Employer Name \_\_\_\_\_ Type of business \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \_\_\_\_\_

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

Employer Name \_\_\_\_\_ Type of business \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \_\_\_\_\_

Job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES:** list below the names of three persons (not employers or relatives) whom you have known for at least one year.

Name	Address	Phone #	Occupation	Years Acquainted

Have you ever been convicted of a felony or misdemeanor, or pled “Nolo Contendere” (i.e. no contest) to any criminal charges in the past 10 years? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state nature of offense, when, where and disposition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission to the Florida Pharmacy Association to investigate my employment, educational, and personal background and character references. I release all persons who furnish such information to the Florida Pharmacy Association from all liability and damages. I acknowledge and understand that I hereby received notice in compliance with the Fair Credit Reporting Act that the Florida Pharmacy Association may seek to procure a consumer report or an investigative consumer report regarding my credit worthiness or credit history.

I also understand that giving incomplete or false information in my application for employment is a serious matter and is grounds for termination and forfeiture of related benefits.

Upon acceptance of employment with the Florida Pharmacy Association, I agree to follow all the policies, procedures, rules and regulations of the Association.

I also agree to full release of liability to the Florida Pharmacy Association for providing references to all potential employers in the event of my termination.

I understand it is this association's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodations as required by the ADA.

**I certify that the information provided in this application is true and complete and is subject to confirmation by the Florida Pharmacy Association.**

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**Signature**

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**Date**