

The **Know You By Name** Pharmacy.™

1024 Philadelphia St., Indiana, Pa. 15701 724.349.4200 * www.gattirx.com









Application for Employment

(Please print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Name: Last	First	Middle Initial			
Present Address					
Permanent Address (if diffe	erent than above)				
Phone No.		Social Security No.			
Are you 18 years or olde Are you prevented from Yes \(\bigcap \) No \(\bigcap \)		d in this country because of Visa or Immigration S			
authorization and identity (va		All persons hired must submit satisfactory proof of employs se, Green Card, etc.) within three days of being hired. Failur Ediate employment termination.			
Position Applied For/En	ployment Desired:				
Position:					
Is there any informa check your work rec		our name or use of another name for us to be abl			
2. Do you have any relatives who are presently (or have formerly been) employed by Gatti Pharm					
3. How were you refer	red to Gatti Pharmacy?				
		■ No ■ If yes, please explain:			
4. Have you ever been	convicted of a felony? Yes				



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III. Educational History:

Reason for leaving

Education	n:	Name & Location	Years Attended	Did you graduate?	Degree/Diploma				
High Scho	ool								
College									
Tech. Tra	ining								
Other									
		ts of special study or research wo							
		l skills:							
	Activit	Activities:							
IV.		lilitary or Naval Service:Present Mement History Please include all emplo	nbership in National	Guard or Reserves:					
1	Company Name (Current or Most Recent Employer)		Position Held						
			Dates Employed: _						
	Address			From To)				
	Manager/Supe	ervisor	Telephone No.	Wage/Salary					
	Reason for lea	ving							
2	Company Nam	ne	 Position Held						
			Dates Employed:						
	Address		· · · -	From To)				
	Manager/Supe	ervisor	Telephone No.	Wage/Salary					



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3	Company Name		Position H	Position Held			
	Address		Dates Emp	Dates Employed:			
	Manager/Superviso	r	Telephone	Telephone No. Wage/Salary			
	Reason for leaving						
v.	References: Gi	ve the names of three pers Address	Business	Years Acquainted	Phone No.		
VI.	Work availabi	•	le consideration, when	will you be available to b	pegin work?		
	3. Can you wo4. Can you wo5. Can you wo	e any objection to work ork overtime without pri ork Saturday? ork on Sunday?	or notice? () Yes (() Yes (() Yes (() No) No) No			
VII.	6. Can you travel if required by this position? () Yes () No Salary/Hourly Rate Requirements: If your application receives favorable consideration, what salary/hourly rate would you require? \$ per per						
omissions, of time. In con compensati understand time by the	or misrepresentation is ideration of my emplon can be terminated and agree that the to company. I understa	s are discovered, my applic ployment, I agree to confo d, with or without cause, a erms and conditions of my nd that no company repre	cation may be rejected an rm to the company's rule nd with or without notice employment may be cha sentative, other than its p	s and regulations and I agree , at any time, at either my o nged, with or without cause president, and then only who	ployment may be terminated at any		
Date:	Signature:						