

Application for Employment

ASTRUP DRUG, INC.
PO BOX 658
AUSTIN, MN 55912

POSITION APPLIED FOR _____
 DATE _____

We are an equal opportunity employer, dedicated to a policy of non-discrimination. Employment is based upon qualification, without regard to race, sex, religion, marital status, color, age, national origin and status with regard to public assistance, or any other protected class. We will make every effort to place individuals with disabilities in suitable positions.

PERSONAL DATA (Please type or print)

Last Name	First	Middle Initial	Social Security Number		
Present Address:	Number/Street	City	State	Zip	Area Code/Telephone
Permanent Address:	Number/Street	City	State	Zip	Area Code/Telephone
Other Name(s) by which applicant is known to references if different from present name:		Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name(s) & Relationship:			
Salary Desired:	When are you available for employment?	Please state age if under 18:			
How did you hear of us?					
<input type="checkbox"/> Advertising <input type="checkbox"/> Person _____ <input type="checkbox"/> Other _____					
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, proof of identity and employment eligibility will be required upon beginning employment.					
Within the last five (5) years have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain _____					
(Note: Conviction of a crime does not necessarily eliminate applicant from employment.)					

EDUCATION: Education is a criterion that the company may utilize in determining whether or not an applicant is qualified.

Name and location of school	Degree or Certification Received	Course of Major/Minor Subjects	No. of Years Attended
High School (or G.E.D.)			
College or University			
Business, Trade or Technical Schools			
Military Service Schools			

Subjects of special study or research work:

Special Training:

Activities: (Other interests or experiences that might pertain to this position)

Please account for all periods of employment. Start with your most recent position and include military service. You may attach a resume to supplement information, but application must be completed in full.

WORK EXPERIENCE

Last or present position

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES		
Name	Address	Phone
1.		
2.		
3.		

APPLICANT: Please read carefully and sign

I affirm that the information provided is true and complete and that I have not withheld any fact(s). Any misrepresentation, falsification, omission or derogatory information that is discovered may prevent my being hired, or if hired, may subject me to disciplinary action, up to and including immediate employment dismissal.

I authorize the Astrup Drug, Inc. or its agents to conduct an investigation and verification of all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law.

I understand that this is an application for employment and that no employment contract is being offered. I also understand that, if offered employment, I will be an at-will employee which means that my employment can be terminated at any time for any reason, with or without notice, at the option of either the company or myself, and that no representative of the company (except the corporate officers) has any authority to make any representation to the contrary.

I have read, understand and agree to the above.

Authorization signature of applicant

Date