Application for Employment - J & D Pharmacy, Inc., PO Box 1599, Warsaw, Mo. 65355

		PERSONA	AL INFORMATION					
Name (Last, First, Middle	Initial)		Phone:					
Address City			State	Zip				
- radiosc			1 2.2.2	Suite Lip				
		EMPLOY	MENT DESIRED					
Position				Date You Can Start Salary Desired			Salary Desired	
Are You Currently	If so, may we inquire	If so, may we inquire						
Employed? o Yes o		of your present employ	of your present employer? o Yes o No					
Ever applied at J&D Phan	macy before? o Y	es o No	If so, when?					
		EDUCA	TION HISTORY					
Name & Location of School			Years Attended	ed Did you Graduate?		? Sı	Subjects Studied	
Grammar School								
High School								
College								
Trade, Business or Correspondence School								
Correspondence School		GENERA	L INFORMATION					
Subjects of Special Study Work or Special Training/		SENERV						
Work or Special Training	JKIIIS							
U.S. Military or					Rank			
Naval Service		FORME	R EMPLOYERS					
Date, Month & Year	Name	e & Address of Employer	Position			Salary Reason For Leaving		
From		,					.,	
То								
From								
То								
From								
То								
From								
То								
N			FERENCES*					
Name		Address		Business		Years Known		
*Give the names of three individuals not related to you that have known you for at least one year.								
	0.100		THORIZATION	om jou	To acroade o	.o you		
		s contained in this Application are						
		dismissal. I authorize the investig						
personal references and previous and current employers. I also release the Company from all liability for any damages that may result from utilization of such information. I also understand and agree that no representative of J & D Pharmacy, Inc. has any authority to enter into any								
		sified period of time. This waiver						
a manner prohibited		ns with Disabilities Act (ADA) and	l other relevant federal a					
Date Signature								