## LANCASTER COUNTY PHARMACIST ASSOCIATION APPLICATION

PERSONAL INFO	RMATION				DATE	
NAME				SOCIAL SECURITY NUMBER		
LAST		FIRST	MIDDLE			
PRESENT ADDRESS						
	S	TREET		CITY	STATE	ZIP
PERMANENT ADD	RESS					
	S	TREET		CITY	STATE	ZIP
PHONE NO. ARE YOU 18 YEARS OR OLDER			DER	YES 🗆	NO □	
EDUCATION	NAME AND LOCAT	TION OF SCHOOL	*NO. OF Y		DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL						
HIGH SCHOOL -						
COLLEGE -						
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL SUBJECTS OF SPEC	IAL STUDY OR RESEAR	CH WORK				
US MILITARY OR NAVAL SERVICE RANK			PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES			

STATE (BRIEFLY) REASON(S) FOR APPLYING FOR THIS SCHOLARSHIP.

HOW DID YOU LEARN ABOUT THE SCHOLARSHIP?

## EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
MONTH AND YEAR	NAIVIE AND ADDRESS OF EIVIPLOTER	SALART	POSITION	REASON FOR LEAVING
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**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

I certify that the facts contained in this application are true and completed to the best of my knowledge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that my result from furnishing same to you.

DATE	SIGNATURE					
DO NOT WRITE BELOW THIS LINE						
INTERVIEWED BY	DATE					