



Pharmacy Employment Application

Ph (414) 962-5999
 Fax (414) 962-6333
 email jobs@substaff.com
 PO Box 11764
 Milwaukee WI 53211-0764

Instructions: Print legibly, Complete ALL applicable questions.

Your Social Security Number _____ Today's Date _____ Who referred you to us? _____

Your Name First _____ Last _____ M.I. _____ Prefer to be called _____

Your Address Street _____ City _____ State _____ Zip _____

Fax No. _____

Home Phone _____ Cell No. _____ Work Phone _____ Email _____

What geographic area would you prefer to work? _____ How far will you travel? _____ When can you start? _____

What days can you work? (circle) M T W Th F Sa Su _____ What hours or shift do you prefer? _____

Can you work on short notice? _____ Have you ever been convicted of a felony? _____ (If yes explain) _____

Have you been disciplined by the P.E.B. in WI or any other state?(If yes explain) _____

License No. _____ State _____ Issue Date _____ Renewal Date _____ Other State(s)? _____

Are there facilities/pharmacies/hospitals you would prefer **NOT** to work at? (List) _____

List your work history below, beginning with your most recent employment: _____

Date	Facility name, address & phone	Supervisor Name	Wage	Job Description	Reason for leaving
Start Date					
End Date					
Start Date					
End Date					
Start Date					
End Date					

Education Pharmacy College _____ Year Graduated _____ Degree _____ Other College _____ Field of study _____

Your Signature _____ Date _____

SubStaff is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or veteran status. All employment with us is 'employment at will'. This means that employment with us including any current or future work assignments may be terminated without notice or without cause. In no event shall hiring or placement be construed as a contract of employment. In submitting this application for employment, I authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentation (including omission of information) will result in immediate cancellation of my application and/or immediate termination of my employment.



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Name _____

Date _____

MANDATORY REFERENCE INFORMATION

Business References

We request contact information for two industry business references

Reference One

Reference Two

 Name and Title

 Name and Title

 Company Name and Location

 Company Name and Location

 Phone

 Phone

Personal References

We request information from two current or former co-workers with a similar responsibility level:

Reference One

Reference Two

 Name and Title

 Name and Title

 Employer Name and Location

 Employer Name and Location

 Work Phone Home Phone

 Work Phone Home Phone



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Name _____

Date _____

Skills Checklist—Please check boxes where you have significant experience

POSITION

- Pharmacist
- Technician
- Pharmacy Student
Year of graduation _____

HOURS AVAILABLE

- Weekday
- Weekend
- Weekday Evenings
- Weekend Evenings

Hospital Skills Yrs Exp _____

- Dir. Of Pharmacy
- Clinical RPH
- Staff RPH
- Unit Dose
- Mix/Check IV's
- Automated Mixing

#Beds _____

Hm Infusion Yrs Exp _____

- Pharmacy Manager
- Clinical RPH
- Staff RPH
- Mix/Check IV's
- Automated Mixing
- Manual Mixing

Patients Serviced _____

Homes Serviced _____

Retail Skills Yrs Exp _____

- Pharmacist in Charge
- Staff RPH
- Other _____

LTC Skills Yrs Exp _____

- Pharmacy In Charge
- Clinical RPH
- Staff RPH
- Mix/Check IV's
- Evaluate Care Plans

Beds _____

#Homes _____

Type of Business

- Retail
- Hospital
- LTC/Nursing Home
- Home Infusion
- Other _____

Automation Type

- Baxter
- Abbott
- McKesson Home
- Pyxis
- Other _____

Software Packages

- PDX
- Renlar
- NDC
- QS1
- Other _____

Pharmacy License

State #1 License Number Expiration

State #2 License Number Expiration

Has Your License ever been revoked or suspended? _____

Malpractice Insurance Carrier Name _____

IV Experience

- AB
- TPN
- Piggyback
- Chemo
- Kinetics
- Other _____

Disease State Mgt

- Anticoagulation
- Asthma
- Diabetes
- Dyslipidemia
- Other _____

Specialty

- Pediatrics
- Geriatrics
- Oncology
- Nuclear
- Infectious Disease
- Nutrition

Completed Education

- Pharm D.
- Masters/MBA
- Bachelors
- Associates
- High School

Recent Relief Assignments

Dates	Company/Supervisor	Position/Duties	Rate	Agency	Completed?