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JOB APPLICATION

**STASKA PHARMACEUTICALS**

**742 Evergreen Dr, Palmyra, Nebraska 68418**

**402-560-4688**

We are happy to see that you are interested in employment with Staska Pharmaceuticals. Please complete the below application to be considered. All information contained or connected to this application will be considered personal and confidential and will only be used for this application process. You are encouraged to supply a resume or other additional information to assist us in evaluating your qualifications.

**Applicant Information**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Position(s) applying for:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about this position? |  | | |
| What days are you available for work? |  | | |
| What hours or shift(s) are you available for work? |  | | |
| If needed, are you available to work overtime? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| On what date can you start working if you are hired? |  | | |
| Minimum salary or hourly wage rate desired: |  | | |
| **Personal Information** |  | | |
| Have you ever applied to or worked for Staska Pharmaceuticals before? | | Yes | No |
| If yes, when? | |  |  |
|  | |  |  |
| Do you have any friends, relatives, or acquaintances working for Staska Pharmaceuticals?  If yes, state name & relationship: | | Yes | No |
|  | |  |  |
| Are you eligible for employment in the United States? (Check one) | | Yes | No |

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

**Education and Training**

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**College/University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**Vocational School/Specialized Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

Please list any correspondence courses, special courses, seminars, workshops, training sessions, etc., that might relate to this position. You may also list any licenses or certificates relating to this position.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military Service Record:**

Were you a member of the Armed Services? Yes No

If yes, what branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of the National Guard? (check one): Yes No

Are you a member of the Armed Forces Reserve Program? (check one): Yes No

If yes, present commitment to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employment:**

|  |  |
| --- | --- |
| **Employer Name:** |  |
| Job Title: |  |
| Supervisor Name: |  |
| Employer Address: |  |
| City, State and Zip Code: |  |
| Employer Telephone: |  |
| Dates Employed: |  |
| Reason for leaving: |  |
| **Employer Name:** |  |
| Job Title: |  |
| Supervisor Name: |  |
| Employer Address: |  |
| City, State and Zip Code: |  |
| Employer Telephone: |  |
| Dates Employed: |  |
| Reason for leaving: |  |
| **Employer Name:** |  |
| Job Title: |  |
| Supervisor Name: |  |
| Employer Address: |  |
| City, State and Zip Code: |  |
| Employer Telephone: |  |
| Dates Employed: |  |
| Reason for leaving: |  |

Is any additional information relative to change of name, use of an assumed name or nick-name necessary to enable a check on your educational record or previous employment record? (check one): Yes No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please provide 3 personal and/or professional reference(s) below:

|  |  |
| --- | --- |
| **Reference** | **Contact Information** |
|  |  |
|  |  |
|  |  |

Employees hired are subject to satisfactory completion of an Introductory Period and employment physical (if required for position) before obtaining permanent status.

If offered a job, I agree and authorize Staska Pharmaceuticals to conduct a background check, to determine any criminal record, along with a reference check to verify the information contained in this application. I agree to sign any and all documents that may be necessary for said background check.

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment.

Staska Pharmaceuticals is an Equal Opportunity Employer Minorities/Women/Veterans/Disabled

Applicant Signature: Dated: