

Please be specific and detailed in your answers.

APPLICATION FOR EMPLOYMENT
STUDENT POSITION
THE DEPARTMENT OF PHARMACEUTICAL CARE
THE UNIVERSITY OF IOWA HEALTH CARE

Please Print Using Ink or Type.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The University of Iowa requests the information for the purpose of evaluating your training and experience for job classifications and to assist in the evaluation of your qualifications for specific positions. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to items marked "options" are optional; responses to all other items are required when they are applicable to your training and experience. If you fail to provide the required information, the University may not be able to fully evaluate your training and experience.

1. Full name _____
last first middle

2. Address _____
street / P.O. box city state zip code

3. E-mail address _____

4. Social Security Number _____
5. Application date _____
6. Telephone where you may be contacted _____
mo. day year () primary number () alternate number

7. Are you currently a: UI student Student elsewhere

8. Are you eligible for Work Study? Yes No Don't Know

9. Are you now or have you ever been employed by an Iowa Board of Regents institution or other state of Iowa agency?
 Yes No If yes, when and where _____
Did you use another name? Yes No If yes, what name(s) _____

10. Working conditions you will accept. Check as many as are applicable:

	Full-Time	Part-Time	Rotating Shift	First Shift	Second Shift	Weekends	On-Call
Yes							
No							

11. Number of hours interested in working per week? _____

12. Date you will be available for employment _____

13. Area of Pharmacy interested in working (check as many as applicable):
 Acute Pharmaceutical Care Data Processing
 Ambulatory Pharmaceutical Care IV Admixtures Other

14. Education Record

Name and location of postsecondary schools or training	Dates attended	Student standing (Fr., Soph., Jr., Sr.)	Major	Type of degree obtained

If you have not completed your course of study yet, please give the anticipated completion date _____

15. Employment Record

List all positions that you have held starting with your most recent position. If you held more than one position with the same organization, or in the case of the military, had different assignments, list each separately.

IMPORTANT. The information given in "Duties" is used to determine your qualifications. For those jobs requiring education and experience ratings, this information is the basis of that evaluation and your subsequent rating. It is important to you to describe your job in sufficient detail so that we can fairly determine your duties and the level of responsibility. If applicable, include the number and type of employees supervised and equipment or facilities managed.

Volunteer work experience will be evaluated in the same manner as paid employment and should be entered in the same manner, except for pay information. Work experience for which credit was received in connection with an educational program will not be evaluated.

Company _____ Address _____ Type of Business _____

Your title _____ Supervisor _____ Salary _____

Phone number(s) _____ May we contact for reference? Yes No

From _____ To _____ Full-time Part-time _____ hrs./wk. Reason for leaving _____
mo./yr. mo./yr.

Duties

Company _____ Address _____ Type of Business _____

Your title _____ Supervisor _____ Salary _____

Phone number(s) _____ May we contact for reference? Yes No

From _____ To _____ Full-time Part-time _____ hrs./wk. Reason for leaving _____
mo./yr. mo./yr.

Duties

Company _____ Address _____ Type of Business _____

Your title _____ Supervisor _____ Salary _____

Phone number(s) _____ May we contact for reference? Yes No

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Duties

Company _____ Address _____ Type of Business _____
Your title _____ Supervisor _____ Salary _____
Phone number(s) _____ May we contact for reference? Yes No
From _____ To _____ Full-time Part-time _____ hrs./wk. Reason for leaving _____
mo./yr. mo./yr.

Duties

16. Additional Skills: List skills or experience not covered elsewhere on this application.

I certify that all information given on this application is correct to the best of my knowledge and I hereby authorize The University of Iowa to check my past work experience. THIS (INCLUDES) (DOES NOT INCLUDE) MY PRESENT EMPLOYER. I understand that any known misrepresentation or omission of information requested is grounds for rejection of my application.

Applicant's Signature: _____ Date: _____

Social Security Number: _____ THANK YOU!

Department of Pharmaceutical Care
 University of Iowa Hospitals and Clinics
 Class Schedule

Name: _____

Year in school (circle one): Pharmacy P1 P2 P3 P4 Other _____

Semester: _____

Please list class, building, and room number in the appropriate time slots

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700							
0730							
0800							
0830							
0900							
0930							
1000							
1030							
1100							
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