

Pharmacist Schedule Preference Form - Submit to PDM

I request to be considered for a Pharmacist position at the following store or stores. I understand that when an opening in the specified areas occurs I will be contacted and considered for the position.

Pharmacist's Name: _____

Pharmacist's Signature: _____

_____ Store preferences (list as many as apply): _____

_____ Geographic Preference: _____

_____ Any Single Store (in specified geographic area): _____

Date Form Submitted: _____

Name of Person to whom Form Submitted: _____

Pharmacists - please retain a copy for your records.