



## Wynn's Pharmacy Employee Information

**Hire Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Allergies or Medical Conditions: \_\_\_\_\_

Years of pharmacy experience (if applicable): \_\_\_\_\_

Any other information you'd like for us to know: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_

If we're grabbing coffee for everyone, what's your order? \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date