

APPLICATION FOR EMPLOYMENT

Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

SECTION I

Date of Application _____

Name _____ **Soc. Sec. #** _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ **Cell/Beeper #** (____) _____

Position Applied for _____

Are you able to meet this company's attendance requirements for this job? _____ Yes _____ No

Please give date you will be available for work _____

What is the salary range or hourly rate you desire? \$ _____ per _____

Please indicate your job referral source(s) and provide the name(s) of the source(s):

_____	Employee	_____
_____	School	_____
_____	Job Fair	_____
_____	Advertisement	_____
_____	Government Agency	_____
_____	Staffing Agency	_____
_____	Walk-in	_____
_____	Other	_____

Please indicate the type employment you desire:

_____ Full Time _____ Part Time _____ Seasonal _____ Temporary _____ Educational Co-Op or Apprentice

Have you previously submitted an application to this company? _____ Yes _____ No
If yes, please list dates and positions for which you applied.

Have you previously worked for this company? _____ Yes _____ No
If yes, please furnish dates and positions held.

If hired, can you furnish proof that you are eligible to work in the United States? _____ Yes _____ No

Can you furnish a work permit if required for workers under the age of 18? _____ Yes _____ No
If no, please explain _____

Will you work overtime and/or weekends if required for this position? _____ Yes _____ No
If no, please explain _____

Will you travel if the job requires you to do so? _____ Yes _____ No
If no, please explain _____

EMPLOYMENT HISTORY

(Begin information with your most recent employer.)

Employer _____ **Phone # ()** _____**Address, City, State, Zip Code** _____**Dates Employed** _____ **to** _____ **Starting Wage** _____ **per** _____ **Final Wage** _____ **per** _____**Job title** _____ **Supervisor** _____**Work performed** _____**Why did you leave?** _____**What did you like most about this job?** _____**What did you like least?** _____**May we contact this employer for a reference?** _____ **Yes** _____ **No****Employer** _____ **Phone # ()** _____**Address, City, State, Zip Code** _____**Dates Employed** _____ **to** _____ **Starting Wage** _____ **per** _____ **Final Wage** _____ **per** _____**Job title** _____ **Supervisor** _____**Summarize work performed** _____**Why did you leave?** _____**What did you like most about this job?** _____**What did you like least?** _____**May we contact this employer for a reference?** _____ **Yes** _____ **No****Employer** _____ **Phone # ()** _____**Address, City, State, Zip Code** _____**Dates Employed** _____ **to** _____ **Starting Wage** _____ **per** _____ **Final Wage** _____ **per** _____**Job title** _____ **Supervisor** _____**Summarize work performed** _____**Why did you leave?** _____**What did you like most about this job?** _____**What did you like least?** _____**May we contact this employer for a reference?** _____ **Yes** _____ **No**

Employment History (continued)

If there are gaps in your employment history, please explain, except for health reasons, such as personal illness, injury or disability. _____

Have you ever been fired from a job or asked to resign? _____ Yes _____ No

If yes, please explain circumstances. _____

Please list any special training, skills, certificates or licenses that may qualify you for the position for which you are applying. _____

Please indicate all computer skills and years of experience. Please name type of software.

_____ Word Processing _____	Years _____
_____ E-Mail _____	Years _____
_____ Internet _____	Years _____
_____ Spreadsheet _____	Years _____
_____ Presentation _____	Years _____
_____ Other _____	Years _____
_____ Other _____	Years _____

Do you belong to a job-related organization (i.e., trade, professional group)? _____ Yes _____ No

If yes, please list below. (Do not list organizations that may reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran / reserve, national guard or any other protected status.)

Have you earned special recognition in past employment, such as for project accomplishments or awards?

_____ Yes _____ No **If yes, please explain.** _____

Do you have supervisory experience, or have you ever held a position in which you directed the work of others?

_____ Yes _____ No **If yes, please explain.** _____

Please furnish any other job-related information you wish to share. _____

EDUCATIONAL BACKGROUND

Please furnish information beginning with your most recent educational experience.

<u>Name of School including City and State</u>	<u>Yrs Completed</u>	<u>Certificate Received</u>	<u>GPA</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

Please list business references. If you do not have business / work references, then list school or personal references. Do not list any relatives.

<u>Name</u>	<u>Title</u>	<u>Relationship</u>	<u>Telephone #</u>	<u># of yrs known</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT – PLEASE READ

I certify that all information I have provided within or attached to this application is true, correct and accurate. I understand that any information provided by me that is discovered to be false, incomplete or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment, or may result in immediate termination from the employer's service if discovered after hire.

I authorize the employer, its representatives, employees or agents to contact and obtain information from all references, employers, government and public agencies, licensing authorities and educational institutions and to verify the accuracy of the information I have provided in or attached to this application, résumé or interview. I waive any and all rights and claims I may have regarding the employer, its agents, employees or representative for seeing, obtaining and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing information about me.

I understand that this employer is an EEO employer who does not lawfully discriminate in employment and that no question on this application is used for the purpose of limiting or eliminating an applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If hired, I agree to conform to the company's rules and regulations. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its President / CEO, and then only in writing and signed by the President / CEO, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that this application is current for 30 days from the Date of the Application entered on Page 1. To be considered for employment after that time period, I will have to complete another application.

I understand that if I am hired, I will be required to provide proof of my identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form within three (3) working days after hire.

I certify that I have read, understand and accept all the terms of the above applicant information.

Signature of Applicant _____

Date ____/____/____

SECTION II

Please respond to the following:

Have you been convicted of a felony?

_____ Yes _____ No

If the answer is **yes**, please furnish details of the conviction, offense, location, date and sentence.

Have you been convicted of any misdemeanor?

_____ Yes _____ No

If the answer is **yes**, please furnish details of the conviction, offense, location, date and sentence.

Are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial) _____ Yes _____ No

If the answer is **yes**, please furnish details of the conviction, offense, location date and sentence.

Have you ever knowingly used any controlled substances other than those prescribed to you by a physician?

_____ Yes _____ No

If the answer is **yes**, please furnish details.

Have you ever been bonded?

_____ Yes _____ No

I authorize my employer, _____, to make any inquiry necessary of courts and law enforcement agencies for possible pending charges or convictions.

I understand that information furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of my qualifications.

I understand that any false information or omission of information on the Employment Application or this questionnaire will jeopardize my position with respect to employment.

Signature of Applicant

_____/_____/_____
Date

SECTION III **(FOR PHARMACISTS, PHARMACY TECHNICIANS AND
PHARMACY INTERNS ONLY)**

Please respond to the following:

Please insert as applicable:

Pharmacist license number: _____

Pharmacy technician license, registration and/or certification number: _____

Pharmacy intern license, registration and / or certification number: _____

HIPAA-mandated National Provider Identifier number: _____

Have you ever been the subject of a license, registration (i.e., DEA, State controlled substances registration) or certification (i.e., PTCB) disciplinary action? ____yes ____ no ____ not applicable

If the answer is **yes**, please furnish details of the disciplinary action.

Are any charges currently pending against your license, registration or certification?

____ yes ____ no ____ not applicable

If the answer is **yes**, please furnish details of the pending charges.

Is your license or certification currently active and in good standing?

____ yes ____ no ____ not applicable

If the answer is **no**, please explain, including anticipated date that license or certification will be active.

Have you ever been excluded by any government authority (i.e., U.S. Department of Health and Human Services Office of Inspector General) from participation in any federal (i.e., Medicare) or state (i.e., Medicaid) health care program? ____ yes ____ no

If the answer is **yes**, please furnish details of the exclusion, including when the exclusion was removed.

Have you ever been excluded by any commercial insurance plan or pharmacy benefit manager from participation in a provider network or otherwise from providing services to program beneficiaries?

____ yes ____ no

If the answer is **yes**, please furnish details of the exclusion, including when the exclusion was removed.

SECTION III, continued

Have you ever been named as a defendant in a professional liability lawsuit? _____ yes _____ no

If the answer is **yes**, please furnish details of the lawsuit.

Have you ever been denied any policy of professional liability insurance? _____ yes _____ no

If the answer is **yes**, please furnish details.

SECTION IV

Authorization For Release of Information

I, the undersigned applicant do hereby authorize my employer,
_____, to make inquiries as a part of the pre-
employment process. These inquiries may include, but are not limited to the
following:

- Inquiries to previous employers and / or other references.
- Depending on the position applied for, a credit check.
- A criminal record search.

I release and hold harmless any individual, firm, or other organization, from any
liability or action resulting from release of information as may be requested by my
employer, _____, as part of the pre-
employment process.

Applicant: _____
Print Name Signature

Witness: _____
Print Name Signature

Date: ____/____/____