

**EXPRESS CARE PHARMACY
APPLICATION FOR EMPLOYMENT**

Express Care Pharmacy is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____ Social Security Number _____

Current Address:
Number and street _____ City _____
State & Zip _____

Home Phone _____ Mobile Phone _____
Email Address _____

How were you referred to Company?: _____

Employment Positions

Position(s) applying for: _____

What days and hours are you available for work? _____

If hired, on what date can you start working? ___ / ___ / ___

Salary desired: \$ _____

Personal Information:

Do you have any friends, relatives, or acquaintances working for Company? Y or N
If yes, state name & relationship: _____

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?
 Y or N

If yes, please explain _____

Employment History

Are you currently employed? Y or N

If you are currently employed, may we contact your current employer? Y or N

Below, please describe past and present employment positions. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: [_____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Y or N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Y or N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School:

School name: _____ School address: _____

School city, state, zip: _____

Did you graduate? Y or N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma? : _____

Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? Y or N

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by Express Care Pharmacy, terms for my immediate

expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Express Care Pharmacy.

I permit Express Care Pharmacy to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____