

## PharMerica Employment Application

Date \_\_\_\_\_

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Name Used</b>
_____	_____	_____	_____
<b>Present Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Home Phone</b>	<b>Daytime Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
_____	_____	_____	_____

**Please complete this Application for Employment as thoroughly as possible. Your signature and the date it was signed are required. This is an official legal document.**

**PHARMERICA IS AN EQUAL OPPORTUNITY.** Applicants are considered for employment without regard to race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth or related condition), sexual orientation, gender identity, physical or mental disability, medical conditions associated with arrested cancer, marital status, or age and all other protected classes in any term, condition or privilege of employment to the extent required by law. Equal Opportunity is practiced in the hiring, advancement and treatment of women, minorities, qualified individuals with disabilities, and covered veterans to the extent required by law.

### Employment Interests

_____	_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Occasional <input type="checkbox"/> Temporary <input type="checkbox"/> Cooperative Education/Internship/Work study
<b>Position Desired</b>	<b>Second Choice</b>	
_____	_____	_____
<b>Work Hours Desired</b>	<b>Pay / Salary Desired</b>	<b>Work Location Desired</b>
_____	_____	_____
<b>Would you consider working any shift?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Which?</b> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>		
<b>Weekends and holidays?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Rotating Shifts?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>On Call?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If your position requires you to drive, can you furnish a valid driver's license?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>State:</b> _____		
<b>When are you available to begin to work?</b> _____		

### Education / Training

Name and Address of Institution	Course of Study	Number of Years Attended	Did You Graduate/Degree?
High School	_____	_____	_____
College	_____	_____	_____
Other/Training	_____	_____	_____

### Professional Licenses and / or Certifications

Currently, I am:  Registered  Licensed  Certified  I have applied for \_\_\_\_\_

Type of Lic. / State	Issued	Expiration Date	Number	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been the subject of disciplinary action with regard to any professional license that you hold or have held in any state? Yes  No

Current Restrictions (if any): \_\_\_\_\_

Please include any other information you think would be relevant in considering you for employment. This may include activities, accomplishments, skills, training courses, publications awards, inventions, professional or honorary societies, etc. which may be relevant for the position. Please exclude all information indicative of any protected classification, such as race, color, sex, etc.

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Were you previously employed by PharMerica or any companies acquired by PharMerica?  Yes  No

Date(s): \_\_\_\_\_ Facility / Position: \_\_\_\_\_

In the section below, please list your previous employers, starting with the current or more recent employer. Please note any periods when you were not employed. Include U.S. Military service; show rank/rate at discharge (but not type of discharge), summer / part-time jobs and cooperative education assignments.

Are you employed at the present?  Yes  no May we contact your present employer?  Yes  No

### Employer 1

Employer Name (current or most recent)		Phone	
Address	City	State	Zip
Job Title	Immediate Supervisor (title, name, and telephone number)		
Nature of Duties (please explain fully)			
From ( / ) To ( / )	Start:	per hr/yr	End: per hr/yr <input type="checkbox"/> PT <input type="checkbox"/> FT
Dates of Employment	Pay	Reason for Leaving	

### Employer 2

Employer Name (current or most recent)		Phone	
Address	City	State	Zip
Job Title	Immediate Supervisor (title, name, and telephone number)		
Nature of Duties (please explain fully)			
From ( / ) To ( / )	Start:	per hr/yr	End: per hr/yr <input type="checkbox"/> PT <input type="checkbox"/> FT
Dates of Employment	Pay	Reason for Leaving	

### Employer 3

Employer Name (current or most recent)		Phone	
Address	City	State	Zip
Job Title	Immediate Supervisor (title, name, and telephone number)		
Nature of Duties (please explain fully)			
From ( / ) To ( / )	Start:	per hr/yr	End: per hr/yr <input type="checkbox"/> PT <input type="checkbox"/> FT
Dates of Employment	Pay	Reason for Leaving	

## Referral Information

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Ad - Newspaper    | <input type="checkbox"/> State Job Services    | <input type="checkbox"/> Employee Referral - _____ (name) |
| <input type="checkbox"/> Ad - Journal/Mag. | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Internet - _____ (site)          |
| <input type="checkbox"/> Other Gov. Agency | <input type="checkbox"/> Walk-In               | <input type="checkbox"/> Agency - _____ (name)            |
| <input type="checkbox"/> Job Fair - _____  | <input type="checkbox"/> Other - _____         | <input type="checkbox"/> Other - _____                    |

## References

List business, professional or academic references (No personal references)

Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## General Information

1. Are you 18 years of age or over?  Yes  No
2. Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No
3. Do you have relatives who are currently employed by PharMerica?  Yes  No If yes, indicate Names: \_\_\_\_\_
4. Do you have any commitment to another employer or organization, which might affect your employment with PharMerica?  Yes  No
5. Do you have a Non-Compete that may affect your accepting employment with PharMerica?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. Have you ever been sanctioned for the misuse or diversion of controlled substances?  Yes  No
7. Are you presently or have you ever been excluded from participation in federally funded programs (such as Medicare or Medicaid) by the OIG?  Yes  No

**PHARMERICA IS A DRUG-FREE WORKPLACE.** In states that permit it, PharMerica will conduct random drug testing. Certain positions may require a complete physical examination concerning the person's ability to perform job-related functions prior to beginning work. A photograph may be required after employment.

My signature certifies that all the information I have provided on this application and on any accompanying documents is true and correct. I understand that any false statements I have made herein or my failure to disclose requested information may disqualify me from consideration for employment, or if employed, may result in my termination.

I hereby authorize PharMerica, its agents and employees to contact any reference provided by me during the application process, and I authorize all references so contacted to release any information about me that they may have. I further authorize PharMerica or its agents to perform any investigation of local, state, and federal records relating to any criminal conviction I may have. Furthermore, I understand that if an offer is made it is contingent upon receipt of a passing background check. I release PharMerica, its agents, officers and employees and any references contacted by PharMerica from any and all liability that may result from any investigation or reference check.

I understand and acknowledge that I may be required to undergo a post-offer, pre-placement physical exam, and a post offer, pre-placement drug screening analysis for substance abuse. I understand that the result may, to the extent permitted by law, result in the revocation of any offer of employment.

I understand and acknowledge that PharMerica will screen my application with the Office of Inspector General ("OIG") and/or the General Services Administration ("GSA") to certify that I am not on the list of individuals excluded from participating in federal programs, including Medicare and Medicaid. PharMerica will not consider me for employment if I am on the "Exclusion List".

I understand and acknowledge that nothing contained in this application or in any interview, which I may be granted is intended to create a contract of employment between PharMerica and me. I further understand and acknowledge that, if I am offered employment, I am free to terminate my employment at any time, for any reason and the company retains the same right.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature