

## EMPLOYMENT APPLICATION

**ApotheCare Pharmacy** Equal Opportunity Employer. We hire in accordance with all Federal, State, and Local Equal Opportunity statutes and laws.

*(PLEASE PRINT. COMPLETE ALL SECTIONS, EVEN IF TURNING IN A RESUME)*

Position Applied for	Salary Expected: \$	per	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Email address <input type="text" value="@"/>

If you are between the age of 16 and 18, can you provide required proof of your eligibility to work?  Yes     No

Are you 18 or over?  Yes     No

Have you ever been employed with us before?  Yes     No    If Yes, give date \_\_\_\_\_

If you are a certified pharmacy technician, list the organization you acquired your certificate through: \_\_\_\_\_

List all other names previously used? \_\_\_\_\_

Do you have a legal right to work in the U.S.A?  Yes     No

Have you been convicted of a criminal offense in the last seven (7) years?  Yes     No

Are you currently, have you ever been, or has the government proposed that you be excluded from participation in federal health care programs (e.g., Medicare, Medicaid)?  Yes     No

If Yes, please explain: \_\_\_\_\_

Why do you wish employment with ApotheCare Pharmacy? \_\_\_\_\_

How would you get to work? \_\_\_\_\_

Hours Interested In:     Full Time     Part Time     Relief     Temporary/Seasonal

**PLEASE INDICATE SCHEDULE AVAILABILITY:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you available to work Holidays?  Yes     No

Names of relatives working for ApotheCare (include location and relationship): \_\_\_\_\_

How many days of work or school have you missed in the past 12 months? \_\_\_\_\_ Days

**WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

## Education and Training

Type of School	Name and Location (City and State)	Major Subject	Last Year Completed	Diploma Degree
High School			1 2 3 4	
Community College/Trade			1 2 3 4	
College/University			1 2 3 4	
Other			1 2 3 4	

**If you are a Pharmacist:** Which State(s) are you registered in? \_\_\_\_\_ Registry# \_\_\_\_\_

## Employment Experience *(Start with your present or last job, and list your complete employment history)*

<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Phone#	From	To	
Job Title			
Supervisor Name/Title	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Reason for leaving			
<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Phone#	From	To	
Job Title			
Supervisor Name/Title	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Reason for leaving			
<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Phone#	From	To	
Job Title			
Supervisor Name/Title	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Reason for leaving			
<b>Employer Name &amp; Address</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Phone#	From	To	
Job Title			
Supervisor Name/Title	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Reason for leaving			

### **CLARIFICATION STATEMENT-PLEASE READ BEFORE SIGNING**

I hereby certify that all of my statements and information are true, and I understand that any false statements, misrepresentations, or omission of facts to any portion of this application or accompanying documents is grounds for dismissal; regardless of when or how it was discovered. I acknowledge that if I am employed, there will be a 90 day introductory period. I understand that I, or the company may end my employment at any time. I agree to submit to a drug/alcohol screen and/or physical examination if necessary following any conditional offer of employment, and I grant permission to the Company to investigate my criminal and credit history, education, prior employment history and references and hereby release that addressed company and all individuals or agencies connected there within, from all liability for any damages for issuing this information. I understand ApotheCare employees are bonded and that this application will be used as a basis of investigation by the bonding company.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Specialized Skills: Check Skills/Equipment Operated**

Production/Mobile			
__ Phone	__ Fax	Machinery (list):	Other (list):
__ PC	__ Printer	_____	_____
__ Calculator	__ Ipad	_____	_____
__ Point of Sale	__ Copier	_____	_____

**References:**

1.	_____ ( ) _____
(Name)	(Address/Phone #)
_____	_____
(Years known)	(Employer)
2.	_____ ( ) _____
(Name)	(Address/Phone #)
_____	_____
(Years known)	(Employer)
3.	_____ ( ) _____
(Name)	(Address/Phone #)
_____	_____
(Years known)	(Employer)

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks	_____		
	_____	_____	
	INTERVIEWER	DATE	
Employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of
	employment _____		
	Hourly Rate/		
Job Title _____	Salary _____	Department _____	
By _____			
	NAME AND TITLE	DATE	