

Application for Employment EASTON SPECIALTY PHARMACY (PLEASE ATTACH COPY OF DRIVER LICENSE & RESUME)

PLEASE ATTACH PHOTO ID

INTERVIEW DATE /TIME

Hr. Mgr. _____ HIRED / NOT HIRED / TEMP. JOB / PROBATION TIME _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of actual or perceived age, sex, sexual orientation, race, color, creed, religion, familial status, ethnicity, national origin, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal state or local laws, regulations or ordinance. Applicants with a disability may be entitled to reasonable accommodations under terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Pharmacy. Please inform a Company representative if you need assistance completing any forms or to otherwise participate in the application process. **This application will remain active for 60 days, after 60 days you must reapply for further consideration.**

POSITION: RX TECH *RX CASHIER * RXDRIVER * MARKETING * OTHER _____ (CIRCLE)

LANGUAGES SPEAK/WRITE _____ TODAY'S DATE _____

Name _____
LAST FIRST MIDDLE

Address _____
Street city state zip

Telephone _____ Email _____ Social Security # _____

Cell: _____

Are you legally authorized to work in the United States? **YES / NO** Are you under the age of 18? **YES / NO**
(If hired, verification will be required consistent with federal law)

Have you ever been convicted of a felony which has not been expunged or sealed by a court? **YES / NO**

You should answer "NO record" if a conviction has been sealed or expunged or otherwise statutorily eradicated. If you checked YES, please explain below. If more space is required, please use separate sheet. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application. Please describe the nature of the crime and your subsequent rehabilitation.

How were you referred to us? Employee _____ pharmacy _____ walk in _____ Other _____

ANY MEDICAL RESTRICTIONS: **YES / NO** IF YES EXPLAIN _____

EMPLOYMENT AVAILABILITY

Date you can start _____ **Wages desired? \$** _____ **per hour,**

We are a 7-day a week business with emphasis on days and weekends. Please indicate your availability below:

Full Time _____ Part Time _____ (How many hours? _____) Days _____ Evenings _____ Weekends _____

Put the specific hours (From/To) you are available for work in the boxes below. (Leave the box empty if you are not available at all that day and write "A" under any day you are "available" all that day without any scheduling restrictions.)

	SUN	MON	TUE	WED	THU	FRI	SAT
From am/pm)							
To (am/pm)							

LIMITATION ON AVAIBILITY MAY LEAD TO PAY CUT /HOURS CUT /TERMINATION _____ SIGN

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EDUCATION

Name and Location of School	Circle highest year completed	Graduated WHICH YEAR	Degree/Major
High School or GED	9 10 11 12	YES / NO YEAR_____	
College or University	FR SO JR SR	YES / NO YEAR_____	
Other (Specify)	1 2 3 4	YES / NO YEAR_____	

Are you now enrolled? YES / NO If YES, name and location of school

Availability during school vacations: FULL _____ PART _____ NONE _____

Other education, training, skills or hobbies relevant to employment consideration

EMPLOYMENT HISTORY

*Beginning with the most recent employment, list the last four employer (including military service) or cover at least a seven year period, whichever is longer. Use separate sheet if necessary.

Current or Most Recent Employer	Phone	From	To
Street		Mo.	Mo.
City	State	Yr.	Yr.
Job Title and Duties	Zip	Base Salary or Wage	
		Starting _____ Ending _____	
		Supervisor's Name	
		Reason for Leaving	
Previous Employer	Phone	From	To
Street		Mo.	Mo.
City	State	Yr.	Yr.
Job Title and Duties	Zip	Base Salary or Wage	
		Starting _____ Ending _____	
		Supervisor's Name	
		Reason for Leaving	
Previous Employer	Phone	From	To
Street		Mo.	Mo.
City	State	Yr.	Yr.
Job Title and Duties	Zip	Base Salary or Wage	
		Starting _____ Ending _____	
		Supervisor's Name	
		Reason for Leaving	
Previous Employer	Phone	From	To
Street		Mo.	Mo.
City	State	Yr.	Yr.
Job Title and Duties	Zip	Base Salary or Wage	
		Starting _____ Ending _____	
		Supervisor's Name	
		Reason for Leaving	

*ALL employment information above must be completed in full for your application to be considered.

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In the past seven years have you ever been discharged, suspended or asked to resign by an employer? YES / No

If YES, give employer name, date of action, and reason _____

Have you ever worked for us? YES / NO

If YES, and not included above, give dates employed, position, any other name used and reason for leaving _____

May we contact your present employer at this time for reference? YES / NO

REFERENCES

List two professional references familiar with your work ability (exclude relatives)

Full Name (not related to you)				Full Name (not related to you)			
Address	Street	City	State	Address	Street	City	State
Zip				Zip			
Phone	Occupation			Phone	Occupation		
How acquainted and for how long?				How acquainted and for how long?			

References Notes (HR USE ONLY)

READ CAREFULLY AND SIGN

PLEASE READ THESE STATEMENTS OVER CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING AT THE BOTTOM

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

_____ Initial

I understand, where permissible under applicable state and local law, I may be subject to a PRE & POST -employment drug test (WITH OR WITHOUT ADVANCE NOTICE) after receiving a conditional offer of employment, and must receive a negative result before & after being permitted to commence work with the pharmacy.

_____ Initial

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Pharmacy. & may pull DRIVER LICENSE HISTORY (IF APPLICABLE...) PRE & POST EMPLOYMENT.

_____ Initial

I hereby certify that the information given by me is true in all respects. I authorize the Pharmacy and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initial

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

_____ Initial

I understand that no representation, whether oral or written, by any representative or agent of the Pharmacy, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Pharmacy, has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.

_____ Initial

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I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. _____Initial

Note: An offer of employment is conditional upon complying with the Pharmacy requirements including, but not limited to signing a Consent to Conduct an Investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS INCLUDING BACKGROUND CHECK FOR EMPLOYMENT.

Applicant's signature _____ Date _____

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