

APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in P&M Pharmacy, LLC. A record of your work history and background history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A. All persons who are hired must, by law, present acceptable evidence of their eligibility to work in the United States. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract or an offer to employment. Any false or misleading statements during the interview and/or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment without any notice.

PLEASE PRINT

PERSONAL

Position applied for		Today's date:		
Name		Social S	Security No	
DOB:	Home Phone:	Cell phone:		
Driver's License No:		Туре:	State:	
Present Address				
State & county of resider	nce in last 7 yrs:			
Are you legally eligible fo	r employment in the U.S.A.?			
Are you 18 years of age of	or older? 🗖 YES 📮 NO If no, d	can you furnish working p	oapers if hired? 🗖 YES 🛛 NO	
Have you ever used any r	name or social security no. oth	ner than listed above?	YES NO	
Have you had any moving	g violation within last 7 years?	P 🗆 YES 🛛 NO If yes, de	scribe:	
Rate of pay expected	per hour			
Would you work 📮 Full	Time 🗖 Part Time 🗖 Temp	orary 🛛 Per Diem (Full	time employees are required to work any	
time between open to clo	ose)			
Specify days and hours if	part time			
If your application is cons	sidered favorably, what date v	vill you be available for w	vork?	
List any skills or qualificat	tions, which you feel, would e	specially fit you for work	with our organization?	

	<u>EDUCATIO</u>	N				
High School		Date Graduated				
College		Date Graduated				
College Degree	ollege Degree Major					
List other Schools attend	led with completion dates					
List all credentials and lic	<u>PROFESSIONAL CRE</u> censes held with date issued and certifica					
(List all present and pas contact for references)	EMPLOYMENT F t employment starting with the most re	<u>ISTORY</u> cent. Indicate which employers you do not want us t				
Employer	Dates of	Employment				
		Salary:				
Supervisor	Phone No.:					
Employer	Dates of	Employment				
Address						
		Salary:				
Supervisor	Phone No.:					
	Dates of Employment					
		Salary:				
Supervisor	Phone No.:					
		Employment				
		Salary:				
Supervisor	Phone No.:					

PERSONAL REFERENCES

Name	Phone Number
Name	Phone Number
Name	Phone Number

OFFICE SKILLS

List all office and computer skills. Note typing speed and all software programs you are skilled in using.

Have you ever been arrested?
YES INO If yes, please provide information:

Have you ever been convicted of a crime and the record not been sealed or expunged by the courts (excluding minor traffic violations)? Tes Tes Yes Verse provide information:

PLEASE READ AND SIGN

I certify that all of the information herein is true and correct. I understand and agree that if employed, false, misleading or incorrect statements or material omissions on this application may be sufficient cause for termination at any time and that the P&M Pharmacy, LLC shall not be liable in any respect if my employment is terminated. I acknowledge that employment with the P&M Pharmacy, LLC is "at will" and either the P&M Pharmacy, LLC or I may terminate the employment relationship at any time, with or without cause. I authorize the P&M Pharmacy, LLC or its agent(s) to investigate all information on this application. I further authorize the P&M Pharmacy, LLC or its agent(s) to make investigative inquiries and obtain reports such as motor vehicle driving record, criminal background check, or any other inquiries or reports as the P&M Pharmacy, LLC deems necessary.

Signature of Applicant_____Date_____Date_____

Release Authorization

- In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.
- 2. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- 3. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- 4. I acknowledge that a telephonic, facsimile(FAX) or photographic copy shall be as valid as original. This release is valid for all federal, state and county agencies.
- 5. I hereby authorize, without reservation, any law enforcement agency, government agency, institution, information service bureau, school, employer, reference or insurance company contacted by P&M Pharmacy or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or repowers about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print: Last,	First	Middle
(Print other names used)		
(Home address)		
(Social Security No.)	(Date of Birth)	(Sex)
(Driver's License no.)	(State of issue)	
(Name as it appears in Drivers Lic.)	(Signature)	(Today's date)

EMPLOYMENT REFERENCE REQUEST

TO: (Print Name and Address of Former Employer below)

TO BE COMPLETED BY EMPLOYEE:

I have applied for employment with P&M Pharmacy, LLC and hereby authorize you to furnish the information requested below concerning my prior employment with your organization. In signing this authorization, I release your organization, its employees and/or its agents from any liability that may result now or later because of complying with this request.

Employee's Signature:				I	Date:		
(Name: Last, Fi	irst, Middle in	iitial) F	PLEASE PRI	NT		(Social Security Number)	
Employmer	nt Dates: F	rom	I		То		
Last Position Reason				Re	eason for leaving		
TO BE CO	MPLETED	ЭBY	PREVIO	JS EMP	LOYER:		
Are employment dates correct?			lo; lf no, wh	nat are correct dates? From:	To:		
Is the position title correct? \Box Yes \Box No; If no, what			lo; lf no, wh	nat is the correct title?	<u></u>		
Is reason for leaving correct?		nat is the correct reason?					
Is applicant eligible for rehire?			lo; lf no, wh	ny?			
OVERALL /	ASSESSI	/IEN]	Г:				
Attendance	□ Good	□ S	Satisfactory	Poor	Comments:		
Punctuality	□ Good	۵ ۵	Satisfactory	□ Poor	Comments:		
Performance	□ Good		Satisfactory	Poor	Comments:		
Completed	by:				Title:	Date:	

Please return Employee Reference Form to P&M Pharmacy, LLC in the envelope provided. Form Revised: 10/14/2014