



# Employment Application

## Personal Data

Name \_\_\_\_\_ Social Security No \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. Home \_\_\_\_\_ Telephone No. Business \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Would you accept another position? Yes  No  Date available for employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you applying for Full-time  Part-time  \_\_\_\_\_ hours/ week desired.

How were you referred to Family Pharmacy? \_\_\_\_\_

Do you have any relatives working for Family Pharmacy? Yes  No   
If yes, name \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been employed by Family Pharmacy? Yes  No   
If yes, Position \_\_\_\_\_

Are you a U.S. citizen? Yes  No  If no, do you have a legal right to work in the United States? Yes  No

Are you older than 18? Yes  No  If no, please specify age \_\_\_\_\_

Are you able to perform the duties of this job with reasonable accommodation? Yes  No   
If accommodations are needed, please describe \_\_\_\_\_

Since reaching 18, have you ever been convicted of a misdemeanor or a felony? (Note: convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job applied for.) Yes  No   
If yes, please explain \_\_\_\_\_

In an emergency, notify (Name) \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

## Education

School Name and Address		Course of Study	Circle Year Completed	Did you graduate?	Diploma
High School	_____	_____	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____				
College	_____	_____	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____				
Technical, Business or Professional	_____	_____	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____				

If you are now attending school, indicate where and the course of study \_\_\_\_\_

Professional licenses/certificates

Type	State	Exp. Date	Registration No.
Driver's License (if you will use a vehicle)			

# Employment History

Please list name, address, and phone number of previous employers with most recent employers first. Periods of unemployment should be included	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly or Yearly
Job Title _____				
Employer name, address, and telephone _____				
Duties _____				
Reason for Leaving _____				

Job Title _____				
Employer name, address, and telephone _____				
Duties _____				
Reason for Leaving _____				

Job Title _____				
Employer name, address, and telephone _____				
Duties _____				
Reason for Leaving _____				

Military Service \_\_\_\_\_

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Job Classification \_\_\_\_\_

Are you presently a member of the National Guard or the Reserves? Yes  No

May we run an employment check from the employers listed above? Yes  No

Has notice been given to present employer? Yes  No

Is there any additional information that is relative to change in name to check your work history? Yes  No

If yes, please explain \_\_\_\_\_

Please list references (not relatives or employers) to contact who are acquainted with your work history.

Name	Title/Occupation	Company/Address	Telephone No.

Make any comments you feel are pertinent to your application \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I authorize you to make any investigation and to obtain all lawful information which you deem necessary in connection with this application and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is at will and I agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract. I and my potential employer mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved utilizing a two-step Alternate Dispute Resolution (ADR) process as follows: 1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and 2) Failing settlement by mediation, we agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, the Dispute Resolution Policy and the Arbitration Rules of Dispute Systems, Inc., or its successor. Any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. In signing this Application, I am expressly waiving any right to trial by jury or judicial appeal. I agree to submit to random drug screening throughout my employment.

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