

Are you able to perform the essential functions of the job, with or without a reasonable accommodation?

_____ Yes _____ No

If your application is considered favorably, on what date will you be available for work? _____

EDUCATION

Have you earned a high school or general education diploma? _____ Yes _____ No

If yes, specify name and location of school: _____

Have you earned a college degree? _____ Yes _____ No

Degree earned: _____ If no degree, indicate any credit hours: _____

School name: _____ City, State: _____

Have you had vocational or special training? _____ Yes _____ No

If yes, specify name and location of school: _____

Area of study or specialization and license (If applicable): _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, certifications, professional memberships, hobbies, etc.

EMPLOYMENT RECORD

Indicate your past work experience starting with your most recent employment and account for the last five year of employment (including any employment lapses). Use an additional sheet if needed.

Present/last employer: _____

Address: _____ Phone: (_____) _____

Job title: _____ Pay rate: _____

Reason for leaving: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE: _____ Yes _____ No

Previous employer: _____

Address: _____ Phone: (_____) _____

Job title: _____ Pay rate: _____

Reason for leaving: _____

Previous employer: _____

Address: _____ Phone: (_____) _____

Job title: _____ Pay rate: _____

Reason for leaving: _____

Previous employer: _____

Address: _____ Phone: (_____) _____

Job title: _____ Pay rate: _____

Reason for leaving: _____

REFERENCES (Do Not Include Relatives)

Name / Occupation / Years Known / Address /Phone

- 1. _____

- 2. _____

- 3. _____

APPLICANT AGREEMENT (Please read carefully and initial each paragraph.)

I understand that National Pharmacy Acquisition follows an “employment at will” policy in that I or the employer may terminate my employment at any time, with or without reason, consistent with applicable state or federal law. While employment policies or procedures may change from time to time, only a written agreement signed by the company’s president or designated individual can change the at-will status. I understand that nothing on this application is intended to create or imply a contractual relationship. If hired, I understand that it is not for any specific time period or duration.

I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. If employed, I will be required to complete an Employment Eligibility Verification Form (Form I-9) on my first day of work and must present the required documentation to show satisfactory evidence of identify and eligibility to work in the U.S. within 3 days.

I understand that I may be required to undergo a medical examination as a means of determining ability to perform job duties after an offer of employment has been made. Failure to undergo a medical examination when required will result in disqualification from employment.

I understand that I am required to take a TB Skin Test. Refusal to do so may result in disqualification from employment. I also understand that a positive result may require further testing.

I understand that I may be required to undergo and pass a substance abuse test in accordance with company policy after an offer of employment has been made. Failure to do so when required will result in disqualification from employment.

I understand that a criminal check, which may include fingerprinting, may be required and give National Pharmacy Acquisition the right to perform a criminal history check.

I voluntarily give National Pharmacy Acquisition the right to make a thorough investigation of my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for disqualification from further consideration in the selection process or, if hired, grounds for discharge.

Your Signature: _____

Date: _____