

## **Employment Application**

## (PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

We appreciate the opportunity to review your qualifications for employment with Phamco Drugs. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. Please note that we have multiple locations and will consider you for any available positions you qualify for. Thank you.

## **PERSONAL DATA:**

Last Name	First	Middle	Email ad	dress
Street Address	City	State/Zip Code	Home Number	Cell Number
POSITION APPLIED FOR	:		DATE:	
How did you learn of our Com	pany?			
If referral, who were you refer	red by?			
Salary expectations:		Type of employn	nent: Full-time  Part-time	☐ Internship ☐
Are there any days, shifts, or	hours you will not v	vork?lf yes, please ex	xplain:	
Will you work overtime, if requ	uired?	When will yo	u be able to start work?	
Have you ever applied or wor	ked here before? Y	res ☐ No ☐ If yes	s, provide dates:	
Are you under 18 years of ago	e? Yes □ No	(If yes, a work permit will I	pe required.)	
Are you legally authorized to	work in the United S	States? Yes ☐ No ☐		
Will you now or in the future r	equire sponsorship	for employment visa status (e.g	g.,H-1B visa status)? Yes 🗖	No 🗖
Have you been convicted of necessarily be a bar to emplo	•	neanor (non-traffic violation) wit No □	hin the last seven years? A	criminal conviction will n
Please describe your crimina since the conviction(s).	I conviction(s) inclu	iding penalty(ies) imposed, date	es, the nature of your offense	(s), and your rehabilitation

Phamco Drugs fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws.

EDUCATION: (May or may not be								
Describe any educational degrees, sk	ills, trai	ning or	experience	ce you believe a	are releva	ant to the job appl	ed for:	
Name, City and State of	Graduated?		If no	Type of Degree		<del>                                     </del>		
Educational Institution	Oraci		Degree,	Received or	•	Major	Minor	Grade Point
	Yes	No	Credits	Expected				Average (GP
High School			earned					
riigii School								
College or University								
College of Offiversity								
Technical/GED								
reciriica/GED								
Licenses/Certifications/Other								
Licenses/Certifications/Other								
EMPLOYMENT HISTORY: PI							with most re	cent employer.
You may include as part of your employ  1. Company Name	ment r	nistory	any verifie	d work perform	ed on a	volunteer basis. Telephone Numbe	r	
1. Company Name						r eleptione Numbe	•	
Address						Dates Employed:	From	То
Name of Supervisor			May we co	ontact? Yes 🗆	No 🗖	Rate of Pay:	Start	Last
State job titles and describe job duties						Reason for Leavin	n	
							9	
2. Company Name						Telephone Numbe	r	
2. Company Name						relephone Numbe	•	
Address						Dates Employed:	From	То
Name of Supervisor			May we co	ontact? Yes 🗖	No 🗖	Rate of Pay:	Start	Last
State job titles and describe job duties						Reason for Leavin	n	
							5	
3. Company Name						Telephone Numbe	r	
5. Company Name						relephone Numbe	•	
Address						Dates Employed:	From	То
Name of Supervisor			May we co	ontact? Yes 🗆	No 🗖	Rate of Pay:	Start	Last
State job titles and describe job duties						Reason for Leavin	<u> </u>	
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Please explain any gaps in your employment history.					
Have you ever been discharged	or forced to resig	ın? Yes □ No □	If yes, explain:		
Did you receive any discipline ir	the last 12 month	ns of active employ	ment? Yes  No If yes	, please explain:	
Have you signed any non-comp company? Yes ☐ No ☐ If			y other employer that might rest		
(You may be required to furnish a co	opy of the agreemer	nt)			
MILITARY SERVICE: (0	Complete only if yo	ou served in the mili	itary)		
Branch of Service:			Number of Years/Months of S	Service:	
Rank at Discharge:	Date of Discharge: Reason for leaving:				
KNOWLEDGE:					
Describe any additional special	skills, training or e	experience you belie	eve are relevant to the job applic	ed for:	
Please rank yourself in the follo	wing areas:				
Computer Skills:	Basic 🗖	Intermediate 🗆	☐ Advanced ☐		
Customer Service:	Basic 🖵	Intermediate 🗆	☐ Advanced ☐		
Office Equipment:	Basic 🗖	Intermediate 🗆	<b>A</b> dvanced □		
REFERENCES: Please lis					
NAME	E-MAIL	ADDRESS	PHONE NUMBER	RELATIONSHIP	



## APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize Phamco Drugs to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Phamco Drugs (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THE, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP ETWEEN ME AND SKYWALK PHARMACY. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature:	Date:
Olgitature:	Date