

CARMICHAEL⁺S

PHARMACY & MEDICAL EQUIPMENT

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of this facility to provide equal opportunity to all employees and applicants without regard to race, color, creed, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination and all other terms and conditions of employment.

Position applied for: _____ **Date of application:** _____

Name _____

Telephone Number(s) _____

Current Address: _____

If you have lived at the above address less than 12 months, list previous address: _____

Are you at least 18 years of age? Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? Yes No

Have you ever been arrested or convicted of a crime or misdemeanor? Yes No

If yes, please provide date, place and nature of such conviction (arrests or charges that have been expunged need not be disclosed): _____

{The existence of an arrest or conviction of a crime or misdemeanor will not necessarily be a bar to employment. The nature and gravity of the offense, the time that has passed since the arrest and the nature of the job applied for will all be taken into consideration.}

Do you currently have unrestricted work authorization or are you legally allowed to accept employment in the United States? Yes No

Can you, with or without reasonable accommodation, perform the essential functions of the position in which you are applying? Yes No

Describe any accommodations necessary: _____

Date you can begin work: _____

Do you desire part-time work, full-time work, or prn 'as needed' _____

Are you willing to work days? Yes No

Are you willing to work evenings? Yes No

Are you willing to work nights? Yes No

Are you willing to work weekends and holidays? Yes No

Are you willing to work overtime when scheduled or requested? Yes No

Are you willing to work a variable work schedule such as 3 days and 2 evenings per week? Yes No

Have you ever been employed here? Yes No

If yes, give the position and dates worked: _____

Business machines and/or equipment you can operate (key punch machine, typewriter, computer, billing machine, x-ray or other medical equipment): _____

List any educational, vocational and/or professional information, such as special areas of training, fluent spoken languages etc., that is relevant to your application: _____

What is your salary expectation? _____

What are your long range occupational goals? _____

How did you learn of this facility? _____

Did anyone refer you here for employment purposes? _____ If yes, who? _____

Are any of your relative(s) or persons with whom you are involved in a close personal relationship, employed here currently? _____ If yes, list name and relationship: _____

EDUCATIONAL BACKGROUND:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

| | Name & Location of School | How many years attended | Diploma or Degree | Major field of study |
|-----------------------|---------------------------|-------------------------|-------------------|----------------------|
| High School/GED | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Graduate School | | | | |
| | | | | |
| Technical or Business | | | | |
| | | | | |

Amount of education necessary will vary according to the job in which applied.

Professional Licenses and Certifications

| TYPE | STATE | DATE ISSUED | NUMBER | How many years total have you had this credential? |
|------|-------|-------------|--------|--|
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Has any license has been revoked, suspended or placed on probation? _____ If yes, please explain _____

EMPLOYMENT HISTORY: List all previous employers for whom you have worked during the last ten years. Start with most recent employer first. List ALL positions held during this time. Accuracy of this information is essential. If not completed in full, your application will not be considered. If previously employed under another name such as a maiden name, please indicate.

| | | |
|-----------------------------------|-----------------------------------|--------------------|
| Company _____ | Phone No. _____ | Date Started _____ |
| Address _____ | Date Left _____ | |
| Position(s) held _____ | Supervisor _____ | |
| Describe Duties _____ | | |
| Specific Reason for Leaving _____ | Wages Starting \$ _____ per _____ | |
| | Ending \$ _____ per _____ | |
| Company _____ | Phone No. _____ | Date Started _____ |
| Address _____ | Date Left _____ | |
| Position(s) held _____ | Supervisor _____ | |
| Describe Duties _____ | | |
| Specific Reason for Leaving _____ | Wages Starting \$ _____ per _____ | |
| | Ending \$ _____ per _____ | |

| | | |
|-----------------------------|-------------------|--------------|
| Company | Phone No. | Date Started |
| Address | | Date Left |
| Position(s) held | Supervisor | |
| Describe Duties | | |
| Specific Reason for Leaving | Wages Starting \$ | per |
| | Ending \$ | per |

| | | |
|-----------------------------|-------------------|--------------|
| Company | Phone No. | Date Started |
| Address | | Date Left |
| Position(s) held | Supervisor | |
| Describe Duties | | |
| Specific Reason for Leaving | Wages Starting \$ | per |
| | Ending \$ | per |

Comments regarding lapses (if applicable):

Have you ever been terminated or asked to resign from any prior employment? Yes No

If yes, please explain: _____

Are there any work references listed above that you do not wish for us to contact? _____ If yes, indicate which ones: _____

PROFESSIONAL REFERENCES (other than relatives)
Please give references that have good knowledge of your work.

| Name | Relationship to this reference | Phone Number |
|------|--------------------------------|--------------|
| | | |
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| | | |

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I certify that all the information submitted by me on this application is true and complete. I understand that any false information, omissions or misrepresentations will lead to rejection of my application or, if I am employed, termination at the time such false information, omissions or misrepresentations are discovered. I further understand and agree that the facility will be relieved of all commitments, financial or otherwise pertinent to employment.

I authorize investigation of all statements contained in this application, and authorize the facility to secure information about my background and experience with former employers, education institutions and any relevant agencies, and authorize those parties to provide information to the facility concerning my background and experience. I release the facility, and all parties providing information to them about my background and experience, from any liability whatsoever arising there from.

My signature below certifies that I understand that if I am extended an offer of employment by the facility, my employment is contingent upon satisfactory completion of a pre-employment examination that includes a lift test, drug and alcohol test. In addition, I understand that compliance with the facility's Drug and Alcohol policy is a continued condition of employment.

I understand that I will be required to submit current and valid documentation that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will merely be a gratuitous statement of the facility's current policies.

I understand that if I am employed, my employment with the facility may be terminated for any reason, with or without cause or notice, and at any time either with or without notice, by me or the facility.

I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility if reasonable suspicion exists as to the contents being either illegal substances, weapons or anything else that may harm the safety and security of our patients and other employees. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, will result in termination of my employment.

I understand that this application is only valid for the position applied for at present, will be valid for twelve months and that the facility is not obligated to retain or consider this application for future openings. I further understand and agree that the facility's acceptance of this application for employment does not obligate the facility to offer me employment.

NOTICE: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Applicant Signature _____ **Date:** _____