

# CARMICHAELS<sup>+</sup>

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**

**During the past 5 years, have you been convicted of a crime that reasonably would affect the specific duties of the position for which you are applying?**  **Yes**  **No**

**NOTE: Your response will not necessarily prevent your employment; however, the Company must consider the extent to which it impacts the requirements of the specific position. Failure to provide accurate or adequate information could result in immediate termination of employment.**

**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, full-time, or prn ('as needed') work: \_\_\_\_\_

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: \_\_\_\_\_

List the 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 area(s) of training, fluently spoken language(s), etc., that are 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 to this facility for employment purposes?  Yes  No

If Yes, list name: \_\_\_\_\_

Is a relative(s) of yours or a person(s) with whom you are involved in a close personal relationship currently employed here?  Yes  No

If Yes, list name(s) and relationship(s): \_\_\_\_\_  
\_\_\_\_\_

**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 for which applied.

**PROFESSIONAL LICENSES AND CERTIFICATIONS:**

Type	State	Date Issued	Number	How many years total have you had this credential?

Has any license ever 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 (10) years. List the most recent employer first. List ALL positions held during this time period. 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 _____
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	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?**     Yes             No

**If Yes, indicate which one(s):** \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES (Other than relatives):**

**Please provide references that have good knowledge of your work.**

Name	Relationship to Reference	Telephone Number

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## **CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGEMENT:**

By my Signature below:

**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 I 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 therefrom.

**I certify** that I understand that if I am extended an offer of employment by the facility, my employment is contingent upon my satisfactory completion of a pre-employment examination that includes, among other things, 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 immediately 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 (12) 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:** \_\_\_\_\_