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** _____

Name: _____ **Email address:** _____

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 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 (computer/tablet, calculator, forklift, multi-line phone, 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:

	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 _____

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? **□ 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:** _____