

St. Marys Pharmacy, Inc. Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE (CONT.)

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

Employment application “waiver” form

In exchange for acceptance and review of this application for use by **SMP Rx and Home Medical (“Company”)**, I have hereby read, understand, consent and agree with the following:

Employment “at will” – An employment application does not serve to create an actual or implied contract of employment, or confer any right to remain an employee of the Company. Either the undersigned or the Company may end the employment relationship at any time, without specified notice or reason “Employment-at-will”. This relationship cannot be altered except by a written instrument signed by the Company’s Board of Directors.

True/ Factual Information - All statements contained herein are true and factual. Any misrepresentation or omissions of known facts is considered fraudulent and cause for denial of this application, or later dismissal as an employee.

Credentials/ References – Company may verify stated information. This may involve contacting schools, previous employers (otherwise indicated), references, and others. The undersigned hereby releases the Company from any liability as a result of such contact.

Drug and Alcohol Policy - Company maintains a drug and alcohol “substance abuse” policy which:

- (1) may include pre-employment testing;
- (2) is a condition of my employment;
- (3) may include random testing during employment.

Physical Examination - Employment may be based on the successful passing of job related physical examination.

Investigative Consumer Report – Company routinely secures certain background information on potential employees as to credit records, driving history, legal history, character, general reputation, and mode of living. Upon written request, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Probationary Period - (90) days – Company maintains a mandatory ninety (90) day probationary period in which to evaluate new hires. However, successful completion does not alter the at-will employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. If employed, I understand that the Company may unilaterally change or revise its policies, procedures, and such changes may include result in a reduction in benefits.