



APPLICATION FOR EMPLOYMENT

Kex Rx Pharmacy & Home Care is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital, or veteran status; medical condition, disability; or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a Pharmacy manager.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name _____
Last *First* *Middle*

Phone Number _____

Position applied for: _____

Have you applied here before? Yes No If yes, give date: _____

Are you employed now? Yes No On what date would be available for work? _____

Are you available to work Full time Part time

Are you fluent in any foreign language? Language: _____

Are you over the age of 18? Yes No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

Yes No

If yes, please complete the following:

Conviction: _____ Location _____ Date _____

Result or outcome: _____

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	High School	Trade Schools	College/University
School Name			
Diploma/Degree/ Certificate Received			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

List your past three employers including military and voluntary service assignments. Start with your present or last job.

Employer _____ Telephone _____
 Address: _____
 Job Title: _____ Supervisor: _____
 Dates Employed: From _____ To _____
 Hourly Rate: Starting _____ Final _____
 Reason for leaving: _____
 Work Performed: _____
 May we contact: Yes _____ No _____

Employer _____ Telephone _____
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Employer _____ Telephone _____
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 Job Title: _____ Supervisor: _____
 Dates Employed: From _____ To _____

Hourly Rate: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

May we contact: Yes _____ No _____

Please summarize your job-related skills or specialized training: _____

REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name Occupation Company Phone Numbers

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List job-related special accomplishments, projects, awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

Please check all the areas with which you have had previous work experience.

- | | | | |
|---------------------------|--------------------------|---------------------|--------------------------|
| Pharmacy | <input type="checkbox"/> | Inventory | <input type="checkbox"/> |
| Durable Medical Equipment | <input type="checkbox"/> | Accounts Receivable | <input type="checkbox"/> |
| Respiratory Equipment | <input type="checkbox"/> | Accounts Payable | <input type="checkbox"/> |
| CPR Certified | <input type="checkbox"/> | Deliveries | <input type="checkbox"/> |
| Customer Service | <input type="checkbox"/> | Equipment Repair | <input type="checkbox"/> |
| Microsoft Office | <input type="checkbox"/> | | |
| Data Entry | <input type="checkbox"/> | | |
| Medical Billing | <input type="checkbox"/> | | |

Please elaborate on the checked items

A C K N O W L E D G E M E N T

I understand that Kex Rx Pharmacy & Home Care (The Pharmacy) is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize The Pharmacy to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to The Pharmacy. I acknowledge that a facsimile of this form is as valid as the original.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 30 days. At the conclusion of this time, if I have not heard from the Pharmacy and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at The Pharmacy is "at-will" and may be terminated by myself or by the Pharmacy at any time, with or without cause or notice. I understand that no representative, other than the Owner of the Pharmacy has the authority to make any assurance to the contrary.

Signature

Date

