APPLICATIO FOR	N	
EMPLOYMEN	Τ	PHARMACY
WE CONSIDER APPLICANTS FOR ALL POSITI REGARD TO RACE, COLOR, RELIGION, CRE NATIONAL ORIGIN, AGE, DISABILITY, M VETERAN STATUS, OR ANY OTHER LEGALL	ED, GENDER, ARTIAL OR	FOR OFFICE USE ONLY
STATUS.		Applicant # Employee #
		Hira Data:
		Hire Date: Position:
		Position: Department:
Last Name First Name	Middle	Pay Rate:
Street Address		Shift:
Succi Address		Othory
City State	Zip Code	Other
on, out		Abuse Registry Checked
Telephone Number (s)		La ribuse registry checked
		Date:
Social Security Number	—)	
		Signature
MILITARY SERVICE		
List any job related training acquired in the U	J.S. Military.	□ License and Certification
		Date:
Have you ever been convicted of a felony? () res () No	Signature
If yes, list only convictions and dates:		
		ATTACHMENTS
		□ Resume
A manual of constations does to the the		Applicant Interview
A record of conviction does not necessarily	y disquality	
you for employment consideration.		
Position Applied For: Ye	ears of Experience:	: Date:
Shift Preferred: (check one)		
() Day () Evening ()	Night	() Any
Do you Prefer? () Full-Time () Part-Ti		Available to Start Work:
Have you ever worked for Zip Scripts or any	facility managed l	by Community Eldercare Services, LLC? ()
Yes () No	j	
If yes, when?	What Facility?	?
J , ··		
Do you understand the requirements of the p	osition you have a	pplied for? () Yes () No
20 Jou understand the requirements of the p	section you have a	PP. 101. () 105 () 110
Can you perform the physical requirements y	with or without rea	sonable accommodation? () Yes () No
cui you perform the physical requirements v	vitil of without ica	

EMPLOYMENT EXPERIENCE

Start with your present or last job.

Employer		Dates I	Employed	Job Duties
		From	То	
Address				
Telephone Numbers		Hourly R	.ate / Salary	
relephone realisers		Starting	Final	
Job Title	Supervisor	Starting	1 11101	
Reason for Leaving				
Employer		Dates I	Employed	Job Duties
		From	То	
Address				
Telephone Numbers		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer			Employed	Job Duties
		From	То	-
Address				
Telephone Numbers		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer			Employed	Job Duties
		From	То	
Address				
Telephone Numbers		Hourly R	ate / Salary	-
-		Starting	Final	
Job Title	Supervisor	6		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper. List professional, trade, business, or civic activities and offices held.

EDUCATION			
Name & Location of Schools Attended	Graduate Y / N	Year Graduate	Major / Degree

If you did not graduate from high school, circle last grade completed. 5 6 7 8 9 10 11 12

List any other education, certificates, or trade skills you have received relating to this position:

Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Are you legally eligible for employment in the United States? () Yes () No If yes, you must provide documentation verifying your legal right to work in the U.S.

REFERENCES (Not Family) 1.			
	Name	Phone	
2.	Address	Years Acquainted	
- <u></u>	Name	Phone	
3.	Address	Years Acquainted	
- <u></u>	Name	Phone	
	Address	Years Acquainted	

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: