



Employment Application

Applicant: We appreciate your interest in MediSav Homecare Pharmacies. A record of your work history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A. All persons who are hired must, by law, present acceptable evidence of their eligibility to work in the United States.

APPLICANT INFORMATION			
Name		Date	
Street Address			
City	State	ZIP	
Phone		Social Security No.	
Position Applied for		Date Available For Work	
Desired Salary			
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date of Birth <small>(required for background check)</small>	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Available For: (circle all that apply) Full Time Part Time Flexible Hours			
Nights & Weekends			
Have you ever been employed with us before? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you currently employed YES <input type="checkbox"/> NO <input type="checkbox"/>			
May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

List all office and/or computer skills. Please note all software programs you are skilled in using. Also, list any military service and/or professional credentials.

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
Dates of Employment	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
Dates of Employment	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
Dates of Employment	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever been convicted of a crime and the record not been sealed or expunged by the courts (excluding minor traffic violations)?

YES NO If yes, provide information.

Do you presently have a valid driver's license? YES NO

Driver's License Number include expiration date_____

Has your driver's license ever been revoked? YES NO
If yes, provide information.

PLEASE READ AND SIGN

I certify that all of the information herein is true and correct. I understand and agree that if employed, false, misleading or incorrect statements or material omissions on this application may be sufficient cause for termination at any time and that MediSav Homecare Pharmacies shall not be liable in any respect if my employment is terminated. I acknowledge that employment with MediSav Homecare Pharmacies is "at will" and either MediSav Homecare Pharmacies or I may terminate the employment relationship at any time, with or without cause. I authorize MediSav Homecare Pharmacies or its agent(s) to investigate inquiries and obtain reports such as motor vehicle driving record, criminal background check or any other inquiries or reports as MediSav Homecare Pharmacies deems necessary. I understand that if an offer of employment is extended that I must submit to a pre-employment drug screen. The pre-employment drug screen result must be negative to become an employee.

Signature

Date