



Mint Hill Pharmacy is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Mint Hill Pharmacy depends solely on your qualifications.

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

DATE \_\_\_\_\_

### PERSONAL DATA

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL/BUSINESS PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### NOTIFY IN EMERGENCY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARE YOU UNDER 18 YEARS OF AGE \_\_\_ YES \_\_\_ NO

LICENSE NUMBER OR ID NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY MINT HILL PHARMACY BEFORE? \_\_\_\_\_

IF YES, PLEASE INDICATE FROM \_\_\_\_\_ TO \_\_\_\_\_

LIST NAMES OF FRIENDS OR RELATIVES, IF ANY, EMPLOYED BY MINT HILL PHARMACY (GIVE RELATIONSHIP OF ALL) \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE YOU ARE AVAILABLE TO BEGIN WORK \_\_\_\_\_

DAYS YOU ARE AVAILABLE TO WORK \_\_\_\_\_

HOURS YOU ARE AVAILABLE TO WORK \_\_\_\_\_

\*AS A CONDITION OF EMPLOYMENT WITH MINT HILL PHARMACY, YOU MUST PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES, PURSUANT TO FEDERAL IMMIGRATION LAW.

**PHYSICAL DATA**

DO YOU HAVE THE ABILITY TO PERFORM EACH OF THE SPECIFIC FUNCTIONS OF THE JOB BEING SOUGHT?  YES  NO

IF NO, EXPLAIN FULLY AND STATE WHAT YOU FEEL MINT HILL PHARMACY COULD REASONABLY DO TO ENABLE YOU TO PERFORM THE FUNCTIONS OF THE JOB.

---

---

**MILITARY DATA**

HAVE YOU BEEN IN THE MILITARY  YES  NO

IF YES, PLEASE INDICATE BRANCH, SERVICE DATES, AND FINAL RANK

---

**SECURITY DATA**

HAVE YOU EVER BEEN CONVICTED  YES  NO

IF YES, STATE OFFENSE AND DATE CONVICTED (OMIT MINOR TRAFFIC VIOLATIONS)

---

---

HAVE YOU EVERY BEEN BONDED  YES  NO

IF YES, GIVE NAME OF EMPLOYER AND DATE

---

**EDUCATION DATA**

SCHOOL OR TRAINING	NAME AND LOCATION	YEARS COMPLETED	COURSE OF STUDY	EQUIVALENCY DIPLOMA OR DEGREE EARNED
HIGH SCHOOL OR LAST GRADE COMPLETED				
COLLEGE				
BUSINESS, TECHNICAL TRADE, OR VOCATIONAL				
OTHER: POST GRADUATE, SPECIAL MILITARY TRAINING, OTHER SPECIAL COURSES				

**PROFESSIONAL/TECHNICAL CERTIFICATION**

PROFESSIONAL OR TECHNICAL SPECIALTY \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

PRESENT LICENSE: ISSUE DATE \_\_\_\_\_ STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NC LICENSE APPLIED FOR  YES  NO

ORIGINAL DATE OF LICENSURE \_\_\_\_\_

HAVE YOU EVER HAD PROFESSIONAL OR TECHNICAL LICENSE REVOKED? \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

### SPECIAL TRAINING OR SKILLS

LIST ANY OFFICE, MECHANICAL OR MEDICAL TRAINING OR CERTIFICATIONS, AND ANY OFFICE MACHINES OR EQUIPMENT YOU CAN OPERATE INCLUDING PERSONAL COMPUTER TYPES AND PROGRAMS: \_\_\_\_\_

### EMPLOYMENT HISTORY

LIST ALL JOBS AND ACTIVITIES INCLUDING MILITARY SERVICE, SCHOOLS, PART TIME EMPLOYMENT WHILE IN SCHOOL, SELF EMPLOYMENT, AND PERIODS OF UNEMPLOYMENT FOR THE PAST 10 YEARS. PLEASE ALSO LIST SIGNIFICANT EXPERIENCE MORE THAN 10 YEARS AGO. BEGIN WITH THE MOST RECENT. DO NOT REFERENCE A RESUME. IF MORE SPACE IS NEEDED, PLEASE ASK FOR A CONTINUATION SHEET. PLEASE FILL IN ALL BLANKS.

PRESENT OR MOST RECENT:

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
POSITION(S) HELD \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_  
DUTIES PERFORMED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ DATE SEPARATED \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
POSITION(S) HELD \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_  
DUTIES PERFORMED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ DATE SEPARATED \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
POSITION(S) HELD \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_  
DUTIES PERFORMED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ DATE SEPARATED \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME AND TITLE OF SUPERVISOR \_\_\_\_\_  
POSITION(S) HELD \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_  
DUTIES PERFORMED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ DATE SEPARATED \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

## REFERENCES

LIST THREE PEOPLE THAT ARE NOT RELATIVES OR FORMER EMPLOYERS YOU HAVE KNOWN FOR 5 OR MORE YEARS.

NAME	OCCUPATION	ADDRESS & TELEPHONE NUMBER	YEARS KNOWN

## AFFIDAVIT

(READ CAREFULLY BEFORE SIGNING)

I UNDERSTAND THAT IF I AM EMPLOYED BY MINT HILL PHARMACY THAT I WOULD BE ENTERING INTO A TERMINATION-AT-WILL RELATIONSHIP. I UNDERSTAND THAT MEANS THAT MY EMPLOYMENT IS NOT FOR A STATED PERIOD THAT I MAY BE TERMINATED WHENEVER IT IS IN MINT HILL PHARMACY'S BEST INTEREST. I UNDERSTAND THAT I MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO ONE CAN MAKE ANY ORAL STATEMENTS OR PROMISES REGARDING JOB TENURE OR JOB SECURITY, WHICH ARE CONTRARY TO THE ABOVE WRITTEN DECLARATIONS OF COMPANY POLICY REGARDING TERMINATION-AT-WILL.

I AUTHORIZE MINT HILL PHARMACY TO INQUIRE OF MY FORMER EMPLOYERS, ALL REFERENCES AND COMPANIES NOTED HEREIN, APPROPRIATE CREDIT BUREAUS, LOCAL POLICE DEPARTMENTS, REGISTRARS OF MOTOR VEHICLES AND OTHER STATE AND FEDERAL BUREAUS AND DEPARTMENTS CONCERNING MY PAST EMPLOYMENT CHARACTER AND TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD. I RELEASE AND DISCHARGE ANY PARTY DELIVERING INFORMATION TO MINT HILL PHARMACY OR ITS DULY AUTHORIZED REPRESENTATIVE PURSUANT TO THIS AUTHORIZATION FROM ANY LIABILITY, CLAIMS, CHARGES OR CAUSES OF ACTION WHICH I MIGHT HAVE AS THE RESULT OF THE DELIVERY OR DISCLOSURE OF SUCH INFORMATION.

I ACKNOWLEDGE THAT MINT HILL PHARMACY HAS A "DRUG-FREE WORKPLACE POLICY." I AGREE, AS A CONDITION OF CONTINUING EMPLOYMENT, THAT I WILL NOT ENGAGE IN THE UNLAWFUL MANUFACTURE, USE, POSSESSION, SALE OR DISTRIBUTION OF CONTROLLED SUBSTANCES. I UNDERSTAND THAT VIOLATION OF THIS POLICY MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT. I FURTHER AGREE TO SUBMIT TO DRUG TESTING OR SCREENING AS PERMITTED BY LAW AND REQUIRED BY MINT HILL PHARMACY.

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL INFORMATION IN IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE FALSE IN ANY PARTICULAR.

IF EMPLOYED, I AGREE THAT ALL CLAIMS RELATING TO MY EMPLOYMENT, OTHER THAN WORKER'S COMPENSATION CLAIMS OR CLAIMS ARISING UNDER A NON-COMPETE AGREEMENT, SHALL BE SETTLED EXCLUSIVELY BY EXPEDITED ARBITRATION, WITHOUT DISCOVERY. THERE SHALL BE ONE ARBITRATOR, CHOSEN BY THE AMERICAN ARBITRATION ASSOCIATION AND THE CLAIM OTHERWISE PROCESSED IN ACCORDANCE WITH AAA RULES. ANY AWARD TO ME SHALL BE LIMITED TO THE LESSER OF (i) ANY ACTUAL LOST WAGES, (ii) AN AMOUNT NOT TO EXCEED SIX MONTHS' WAGES, OR (iii) IN AN APPROPRIATE CASE, REINSTATEMENT. THE COST OF ARBITRATION SHALL BE SHARED EQUALLY BETWEEN ME AND THE COMPANY.

YOU MAY WISH TO CONSULT AN ATTORNEY PRIOR TO SIGNING THIS APPLICATION. IF SO, PLEASE TAKE THIS FORM WITH YOU. HOWEVER, YOU WILL NOT BE OFFERED EMPLOYMENT UNTIL IT IS SIGNED WITHOUT MODIFICATION AND RETURNED.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_