plaza DRUGS

178 Bridge St
Las Vegas, NM 87701
(505) 425-5221

EMPLOYMENT APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment based on race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations.

APPLICANT INFORMATION

Full Name:_____ **Date:**_____
Last *First* *M.I*

Street Address:_____ **Phone:**_____

City:_____ **State:**_____ **Zip Code:**_____

Position Applied For: ☐**Pharmacy Tech** ☐**Pharmacy Clerk** ☐**Driver** ☐**Other**_____

Date Available:_____ **Desired Salary: $**_____ **per** ☐**hour**

Status Preferred: ☐**Full-Time** ☐**Part-Time** ☐**Temporary** **Hours Available:**_____

How were you referred to Plaza Drugs? ☐**Employee Referral** ☐**Placement Office** ☐**Former Employee** ☐ **Walk-In** ☐**Other:**_____

Fluent Languages Spoken: ☐ **English** ☐ **Spanish** ☐ **Other:**_____

Are you a U.S. citizen? ☐**Yes** ☐**No** **If no, are you authorized to work in the U.S.?** ☐**Yes** ☐**No**

Have you ever worked for this company? ☐**Yes** ☐**No** **If yes, when?**_____

As part of our company policy, it is standard procedure to perform criminal background checks on all applicants. Would you object to such a procedure? ☐ **Yes** ☐ **No**

EDUCATION

High School: _____ **City:**_____ **State:**_____

From:_____ **To:**_____ **Did you graduate?** ☐**Yes** ☐**No** **If no, circle highest grade completed:**
1 2 3 4 5 6 7 8 9 10 11 12

College:_____ **City:**_____ **State:**_____

From:_____ **To:**_____ **Did you graduate?** ☐**Yes** ☐**No** **Degree:**_____

If no, circle highest grade completed: **Do you have a professional license or registration?** ☐**Yes** ☐**No**

1 2 3 4 5 6 7 8 **If yes, what type:**_____

Other School:_____ **City:**_____ **State:**_____

From:_____ **To:**_____ **Type of School:**_____

Did you receive a certification or degree? ☐**Yes** ☐**No** **If yes, what type:**_____

PREVIOUS EMPLOYMENT

Completion of this Section is required, even if you submit a resume.

List all employment for the last ten years or since graduation if less than ten years, beginning with the most recent employer; also include information about any employment in the healthcare industry, even if such employment was more than ten years ago. Account for any periods of unemployment longer than 30 days. Attach extra sheets as needed.

Company: ____ **Phone:**______________________

Address: ____ **Supervisor:**____________________

Job Title: __________________________ **Starting Salary: $**____________ **Ending Salary: $**____________

Responsibilities:____

From: __________ **To:** ______________ **Reason for Leaving:**______________________________________

May we contact your previous supervisor for a reference? ☐**Yes** ☐**No**

===

Company: ____ **Phone:**______________________

Address: ____ **Supervisor:**____________________

Job Title: __________________________ **Starting Salary: $**____________ **Ending Salary: $**____________

Responsibilities:____

From: __________ **To:** ______________ **Reason for Leaving:**______________________________________

May we contact your previous supervisor for a reference? ☐**Yes** ☐**No**

===

Company: ____ **Phone:**______________________

Address: ____ **Supervisor:**____________________

Job Title: __________________________ **Starting Salary: $**____________ **Ending Salary: $**____________

Responsibilities:____

From: __________ **To:** ______________ **Reason for Leaving:**______________________________________

May we contact your previous supervisor for a reference? ☐**Yes** ☐**No**

===

Company: ____ **Phone:**______________________

Address: ____ **Supervisor:**____________________

Job Title: __________________________ **Starting Salary: $**____________ **Ending Salary: $**____________

Responsibilities:____

From: __________ **To:** ______________ **Reason for Leaving:**______________________________________

May we contact your previous supervisor for a reference? ☐**Yes** ☐**No**

PREVIOUS EMPLOYMENT (CONTINUED)

Please provide an explanation for any gaps in employment. ____

_____

References

Please list three professional references, preferably supervisors who are familiar with your work.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone Number:** _____

Address: _____

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Full Name: _____ **Relationship:** _____

Company: _____ **Phone Number:** _____

Address: _____

==========

Full Name: _____ **Relationship:** _____

Company: _____ **Phone Number:** _____

Address: _____

ADDITIONAL INFORMATION

Please provide any additional information that you believe should be considered: _____

_____

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application are sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the company.

I understand that any employment is conditional on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the company, any former employers, and all references listed above or separately from any and all claims, demands, or liabilities arising out of or related to such investigation of disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

I understand that I shall be entitled to no future workers' compensation benefits if I knowingly and willfully conceal or make a false representation about the information requested.

I understand that filling out this form does not indicate that there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, and policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

I have read or have been read this Employment Application and understand it.

_____ _____

Signature Date

HSC
efficient

Hospital Services Corporation
Background Investigation Services

Designation and Authorization for Release and Redisclosure of Information

In connection with my application for employment and/or volunteer service with **Plaza Drugs,** hereby known as "Hiring Entity", I understand that investigative reports may be requested that will include information as to my character, general reputation, personal characteristics, and mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private and insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor; institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the national Personnel Records Center, personal references; and/or other persons to give records or information they may have concerning information requested as part of the background investigation. I voluntarily and knowingly unconditionally release any named or unnamed informant from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Redisclosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity or Hospital Services Corporation (HSC) and is received within one year of the signature date.

If I am denied employment, either wholly or partly, because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is a matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

_____ _____
Applicant Signature Date Signed

Please write legibly and complete the following:

APPLICANT INFORMATION **__ Employment** **__ Volunteer Service**

_____ _____ _____ _____-_____-_____
Last Name First Name Middle Name or Initial Social Security Number

_____ _____ _____
Maiden Name Other Names, Nicknames or Aliases used Date of Birth (Month/Day/Year)

_____ _____ _____ _____ _____
Present Address Number/Street/Quadrant City State Zip Code How Long?

_____ _____ _____ _____ _____
Previous Address (Within last 7 years) Number/Street/Quadrant City State Zip Code How Long?

_____ _____ _____ _____ _____
Previous Address (Within last 7 years) Number/Street/Quadrant City State Zip Code How Long?

_____ _____ _____ **Operator** **Commercial (CDL)**
Driver's License Number State Issued Expiration Date

____ ____

For Credit Checks, please provide the following:

_____ _____ _____
City of Birth State of Birth Position Being Considered For

Form **SSA-89** (12-2020)
Discontinue Prior Editions
Social Security Administration

OMB No.0960-0760

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:

Reason for authorizing consent: (Please select one)

- ☐ To apply for a mortgage
- ☐ To apply for a loan
- ☐ To meet a licensing requirement
- ☐ To open a bank account
- ☐ To open a retirement account
- ☐ Other
- ☐ To apply for a credit card
- ☑ To apply for a job

With the following company ("the Company"):

Company Name: Plaza Drugs Inc.

Company Address: 178 Bridge St Las Vegas NM, 87701

The name and address of the Company's Agent (if applicable):

Agent's Name: Hospital Services Coorporation

Agent's Address: 7471 Pan American Fwy NE, Albuquerque, NM 87109

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to $5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed._____(Please initial.)

Signature:	Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

----------TEAR OFF----------

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf.