



**THE PRESCRIPTION CENTER
NORTHEAST PHARMACY SERVICES**

125 No. Main Street, Concord, NH 03301

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	Zip		
	Home Phone:	Cell Phone:		
Please list previous addresses within last 5 years:				
Referral Source (how did you hear about us?)				
Type of employment desired: FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op <input type="checkbox"/>				
Please state days/hours available:				
If you are under 18 and it is required, can you furnish a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain:				
Date Available to Start Work:		Desired Salary:		
Position Applied for:				
Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?	YES <input type="checkbox"/>	Driver's license number required if driving may be required in the job for which you are applying. Driver's License Number: _____ State: _____		
	NO <input type="checkbox"/>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	If no, are you authorized to work in the U.S.? NOTE: You will be required to submit proof your identity and employment authorization as a condition of employment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime (felony or misdemeanor) that has not been officially annulled by a court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever served in the Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, When?	

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RELEVANT TRAINING, CERTIFICATION OR LICENSE	
<i>Please list any relevant training, special certification or license that you hold, specifying license/certificate number and date of expiration.</i>	

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

PREVIOUS EMPLOYMENT			
<i>Please list your most recent employment or related volunteer experience first and account for all time periods during the last 10 years. Be sure to list each change in title or promotion separately. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached but a resume will not substitute for the information required in this section.</i>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

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

APPLICANT STATEMENT
<p>I hereby certify that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and will be considered grounds for immediate discharge if discovered at a later date. I authorize you to conduct any necessary and reasonable investigation with respect to my application and any statements contained in my application and resume and release my former employers, The Prescription Center, Northeast Pharmacy Services and its officers, agents and employees from any liability from damage caused by giving and receiving information or opinions as to my employment or character. As a condition of employment, I agree to conform to the policies and procedures of The Prescription Center and Northeast Pharmacy Services and understand that my employment can be terminated with or without cause, with or without notice, at any time, at the option of either The Prescription Center and Northeast Pharmacy Services or myself.</p> <p>I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p> <p>Signature of Applicant _____ Date: ____/____/____</p>



Employment Application Supplement

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only to comply with the United States Government Equal Employment Opportunity requirements.

Completion of this data is voluntary, will be kept confidential and will not affect your opportunity for employment or terms or conditions of employment, if hired. If you wish to provide this information prior to a hiring decision, please return this page with your application.

Please provide the following information:

Name: _____ **Date:** _____

Gender: Female Male

Marital Status: Married Single

Please identify yourself in terms of the racial/ethnic groups listed below by checking the appropriate box:

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

___ **Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.