

## EMPLOYMENT APPLICATION

*Medical Center Pharmacy is an Equal Opportunity Employer and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying for: \_\_\_\_\_

**ABOUT YOU**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_ *(only needed if required for applied position)*

When will you be available to start work? \_\_\_\_/\_\_\_\_/\_\_\_\_ Check which job status you would accept:

Full-Time     Part-Time     Per Diem (list availability): \_\_\_\_\_

Are you at least 18 years of age?     Yes     No    *If under 18, can you furnish a work permit?*     Yes     No

Are you legally eligible for employment in the United States?     Yes     No

Have you ever been employed by Medical Center Pharmacy?     Yes     No

*If yes, list dates of employment:* \_\_\_\_\_

Were you recommended by a current or former employee?     Yes     No

*If yes, to whom do we owe a "Thanks":* \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?     Yes     No

Can you, after offer of employment, submit verification of your legal right to work in the United States?     Yes     No

Please list all languages that you can speak/read/write/understand: \_\_\_\_\_

Please list your skills relevant to the position you are applying for: \_\_\_\_\_

**EDUCATION**

	Name/City	Number of Years Completed	Did You Graduate?	Course of Study
High School				
College				
Other				

**LICENSURE:** *Please list all licenses, certificates or authorizations to practice a trade or profession*

Type	License Number	Granted By

**WORK EXPERIENCE:** *Please list your last three employers starting with the most recent*

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ From - To (mo/yr) \_\_\_\_\_  
 City, State Zip \_\_\_\_\_ Hours/Week \_\_\_\_\_  
 Duties \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Accomplishments \_\_\_\_\_  
 Equipment Used \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 May we contact this employer/supervisor?  Yes  No

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ From - To (mo/yr) \_\_\_\_\_  
 City, State Zip \_\_\_\_\_ Hours/Week \_\_\_\_\_  
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 Equipment Used \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 May we contact this employer/supervisor?  Yes  No

**REFERENCES:** *Please list three professional references whom can speak to your work qualifications*

Name	Phone Number	Relationship

**AUTHORIZATION:** *I hereby certify the answers provided on this application are true and correct the best of my knowledge. I hereby authorize Medical Center Pharmacy to investigate my references, current/former employers, education, licensing and all other matters related to my suitability for employment. I understand that nothing contained in this application or any related interviews is intended to create an employment contract between me and Medical Center Pharmacy. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period of time and may be terminated at any time, with or without cause or prior notice, by myself or the company.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_