



EMPLOYMENT APPLICATION

I Care Pharmacy is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date:

Application Information

Name: _____

Address: _____

City/State:

Zip Code:

Telephone: (____) _____ Message #: (____) _____

Do you have a valid driver's license?* _____ State/License # _____

Have you ever been, or are you currently under investigation for a misdemeanor? _____. If yes, list the offense(s) for which you have been or are under investigation. _____

Have you ever been convicted of a misdemeanor? _____ If yes, list the offense convicted of and date of conviction. _____

Have you ever been, or are you currently under investigation for a Felony? _____. If yes, list the offense(s) for which you have been or are under investigation. _____

Have you ever been convicted of a Felony? _____ If yes, list the offense convicted of and date of conviction. _____

Have you ever applied to, or worked for I Care Pharmacy before? _____. If yes, when? _____

Please list any professional licenses or certifications (RPh, Pharmacy Tech, etc) & expiration dates.

General Information About Employment Desired

Position you are applying for? _____ Full-time or part-time? _____

If part-time, hours per week desired: _____ Available on weekends? _____

Days of week you are available to work: _____

Hours you are available to work: _____

Are you available for on-call work? _____

If hired, on what date could you start work? _____

Hourly rate of pay or monthly salary desired: _____

Emergency contact information:

Primary contact: _____ Phone number: _____

Relationship: _____

Secondary contact: _____ Phone number: _____

Relationship: _____

Education and Training (include on-the-job training):

	<u>School/Location</u>	<u>Course of Study</u>	<u>Dates Attended</u>
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Employment History:

List all previous employers starting with your present or most recent position (last 6 years is sufficient) below.

Name of Company: _____

Name of Supervisor: _____

Address: Street _____ City _____ State _____ Zip Code _____

Telephone Number: () _____

Position and Duties: _____

Dates of Employment: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____

Reason for Leaving: _____

Name of Company: _____

Name of Supervisor: _____

Address: Street _____ City _____ State _____ Zip Code _____

Telephone Number: () _____

Position and Duties: _____

Dates of Employment: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____

Reason for Leaving: _____

Name of Company: _____
 Name of Supervisor: _____
 Address: Street _____ City _____ State _____ Zip Code _____
 Telephone Number: (____) _____
 Position and Duties: _____

 Dates of Employment: _____
 Starting Rate of Pay: _____ Ending Rate of Pay: _____
 Reason for Leaving: _____

Name of Company: _____
 Name of Supervisor: _____
 Address: Street _____ City _____ State _____ Zip Code _____
 Telephone Number: (____) _____
 Position and Duties: _____

 Dates of Employment: _____
 Starting Rate of Pay: _____ Ending Rate of Pay: _____
 Reason for Leaving: _____

Name of Company: _____
 Name of Supervisor: _____
 Address: Street _____ City _____ State _____ Zip Code _____
 Telephone Number: (____) _____
 Position and Duties: _____

 Dates of Employment: _____
 Starting Rate of Pay: _____ Ending Rate of Pay: _____
 Reason for Leaving: _____

Please list two professional and one personal reference. Your reference needs to have known you at least one year or more:

Reference Name & Address	Day Time Phone #
	No. Of Years Known
Reference Name & Address	Day Time Phone #
	No. Of Years Known
Reference Name & Address	Day Time Phone #
	No. Of Years Known

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize I Care Pharmacy to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release I Care Pharmacy, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and I Care Pharmacy. In addition, I understand and agree that if I am employed; my employment relationship with I Care Pharmacy is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or I Care Pharmacy and that no promises or representations contrary to the forgoing are binding on I Care Pharmacy unless made in writing and signed jointly by the President/CEO and myself. _____

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or I Care Pharmacy benefits, policies and procedures will not alter our at-will and arbitration agreements. _____

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. _____

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Maine driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by I Care Pharmacy auto insurance, if required for my position. _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature: _____ Date: _____