

**GATEWAY PHARMACY, PAOLI PHARMACY & GATEWAY HOME HEALTH CARE
EMPLOYMENT APPLICATION**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE
INCOMPLETE APPLICATIONS MAY BE REJECTED
COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AN INTERVIEW OR EMPLOYMENT

NAME: _____
LAST NAME FIRST NAME MI MAIDEN NAME

SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____/____/____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP CODE

TELEPHONE: _____ EMAIL ADDRESS: _____

NUMBER OF YEARS AT YOUR CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP CODE

HAVE YOU EVER APPLIED FOR OR WERE GRANTED WORKMAN'S COMPENSATION BENEFITS? _____

POSITION APPLIED FOR: _____ WOULD YOU CONSIDER OTHER POSITIONS? _____

SALARY DESIRED: _____ HOW WERE YOU REFERRED TO US? _____

WERE YOU PREVIOUSLY EMPLOYED BY US? _____ IF YES, WHEN? _____

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY US? _____ IF YES, WHO? _____

EMPLOYMENT DESIRED (CHECK X ON ONE): ___ FULL TIME ___ PART TIME ___ EITHER

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ CAN YOU WORK NIGHTS? _____

WHAT DAYS OF THE WEEK AND/OR TIMES ARE YOU UNABLE TO WORK?: _____

WHAT DATE WOULD YOU BE AVAILABLE TO START?: ____/____/____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (CHECK X ON ONE): ___ YES ___ NO

IF YES, EXPLAIN NUMBER OF CONVICTIONS, NATURE OF OFFENSE LEADING TO CONVICTION, WHEN SUCH OFFENSES WERE COMMITTED, AND THE SENTENCE IMPOSED: _____

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT, HOWEVER, OMISSIONS OR MISREPRESENTATION OF FACTS CAN LEAD TO REJECTION OF THIS APPLICATION OR DISMISSAL.

DO YOU HAVE A DRIVERS LICENSE? (CHECK X ON ONE): ___ YES ___ NO

DRIVER'S LICENSE STATE OF ISSUE: _____ EXPIRATION DATE: ____/____/____

HAVE YOU HAD ANY ACCIDENTS IN THE LAST 3 YEARS? _____ HOW MANY? _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ IF YES, IN WHAT STATE? _____

RECORD OF EDUCATION

NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?	DIPLOMA OR DEGREE	COURSE OF STUDY
High School:		YES NO		
College:		YES NO		
Other (Specify):		YES NO		

LIST ALL PRESENT AND PAST EMPLOYERS

COMPLETE ALL SPACES, EVEN IF ATTACHING A RESUME. BEGIN WITH YOUR MOST RECENT EMPLOYER.

Present/Last Employer	Address (Street, City, State, Zip)	Phone Number
Start (Mo./Yr.)	Leave (Mo./Yr.)	Wage
Reason for leaving		
Job Title	Supervisor and Title	May we contact? ___ Yes ___ No
Description of job and duties:		
Employer	Address (Street, City, State, Zip)	Phone Number
Start (Mo./Yr.)	Leave (Mo./Yr.)	Wage
Reason for leaving		
Job Title	Supervisor and Title	May we contact? ___ Yes ___ No
Description of job and duties:		
Employer	Address (Street, City, State, Zip)	Phone Number
Start (Mo./Yr.)	Leave (Mo./Yr.)	Wage
Reason for leaving		
Job Title	Supervisor and Title	May we contact? ___ Yes ___ No
Description of job and duties:		

FOR THE FOLLOWING, USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY

What knowledge, special technical skills, training and/or individual capabilities do you have which especially prepared you for the position for which you have applied? _____ _____
State any additional information you feel may be helpful in considering your application: _____ _____ _____

HAVE YOU EVER SERVED IN THE ARMED FORCES? (CHECK X ON ONE): ___ YES ___ NO

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD? (CHECK X ON ONE): ___ YES ___ NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WE SHOULD BE AWARE OF? _____

IF YES, WHAT? _____

THIS IS THE OFFICIAL APPLICATION FOR EMPLOYMENT USED BY OUR FAMILY OF COMPANIES. THESE COMPANIES DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT BASED ON RACE, RELIGION, GENDER IDENTITY, SEXUAL ORIENTATION, NATIONAL ORIGIN, MARITAL STATUS, AGE, DISABILITY OR VETERAN STATUS. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

OUR COMPANIES RESERVE THE RIGHT TO CONDUCT RANDOM DRUG TESTING. WE RESERVE THE RIGHT TO SECURE CRIMINAL, CIVIL, AND CREDIT HISTORY INFORMATION FOR ANY PROSPECTIVE EMPLOYEES. ALL PRE-EMPLOYMENT SCREENINGS WILL COMPLY WITH THE FAIR CREDIT EMPLOYMENT ACT AND OTHER RELEVANT LAWS. BY SIGNING BELOW, I AUTHORIZE ANY SUCH TESTS OR INVESTIGATIONS.

THIS APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF 60 DAYS. IF YOU WISH TO ATTEMPT TO SECURE EMPLOYMENT AFTER THAT, YOU WILL NEED TO REAPPLY.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING DISCLOSURE AND FULLY UNDERSTAND IT'S CONTENTS. I ALSO ATTEST THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED CAN LEAD TO THE REJECTION OF THE APPLICATION OR DISMISSAL AFTER HIRING.

SIGNATURE (Please type full legal name here if electronically submitting this application)

DATE