



## **King of Prussia Pharmacy Services: Application for Employment**

Revised: April 9, 2008 – Page 1 of 8

### **APPLICATION FOR EMPLOYMENT PACKET**

#### **OUR APPLICATION POLICIES**

- **Applications may be completed ONLY when we are accepting applications**
- **Applicants must use one of our forms**
- **Applicants must complete the application on site**
- **Only one person may complete an application at a time**
- **Applications missing critical information will not be considered**
- **Applications will be considered "active" for a period of 30 days from the date they were initially signed except as noted in the "Job Application Policy" section of the Application for Employment**
- **Interviews will be held by appointment**
- **Position for drivers will be required to have a negative TB test and a safe driving recor**

**This Application for Employment Packet should contain the following:**

- 1. Application for employment**
- 2. As applicable, information concerning Driving Record and Background Checking releases**
- 3. Former Employer Reference Request forms**
- 4. Drug and Alcohol Use/Abuse Testing Policy Acknowledgement**
- 5. Job Description**



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### APPLICATION FOR EMPLOYMENT IMPORTANT AUTHORIZATIONS AND UNDERSTANDINGS

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#### INTRODUCTION

Thank you for your interest in our Company. The purpose of this application packet is to provide you with pertinent information about the job for which you are applying, information about the Company, and to assist you in comparing your qualifications with those required to be considered for the position.

Our goal is to hire and retain the best employees and provide them with a healthy, safe, and productive work place. Our employees are our most valuable resource and will be treated as such.

#### EQUAL EMPLOYMENT OPPORTUNITY

All qualified applicants will be considered on their merits and without regard to age, race, color, sex, national origin, disability, military status, or any other status protected by law.

#### REASONABLE ACCOMMODATION

If you need assistance or an accommodation during the application process because of a disability, it is available upon request. We are pleased to provide such assistance and no applicant will be penalized as a result of such a request.

#### JOB APPLICATION POLICY

We generally accept job applications only when we have determined there are jobs available or soon to be available. When we make a determination that there are jobs we intend to fill, we reserve the right to review active applications already on file prior to accepting new applications. Given the nature of our business, we reserve the right to not hire persons even though applications have been accepted should we determine our needs were not as we initially projected. Applications are considered "active" for a period of 90 calendar days from the date they were initially signed. An applicant who wishes to be considered after the expiration of that period may establish one (1) additional 30 day "active" period by either calling or personally visiting the Company no sooner than five (5) calendar days prior to and no later than five (5) calendar days after the expiration of the initial 30 days period. In that event, the second 30 day active period will commence immediately upon the expiration of the first. After the expiration of the "active" period, a new application must be completed. All applications must be completed at the Company. We accept only numbered originals of our applications material.

#### HIRING DECISIONS

We hire based on personal contact with individuals. We base our hiring decision on a variety of factors including skills and ability to perform the job, prior employment with us, employment references, willingness to accept the offered salary, and personal interviews.

#### GENERAL WORK AND SCHEDULING RULES

All employees are expected to work and to work the hours appropriate for their employment status. Full time employees are expected to be available for "regular" 40 hours schedule. Overtime and Saturday work is required. You must have the ability to have or acquire a CDL within 6 months. All employees must have the ability to lift up to 50 pounds on a frequent basis. Regular part time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire.

#### CONFLICT OF INTEREST

Our employees are prohibited from working or having an ownership interest in any other company or organization of any size or type where there is a potential conflict of interest with our business except with the approval of the Company. The Company employees may not own (in whole or in part, directly or indirectly), manage, be a consultant to, or have any relationship with another similar company or organization.



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NAME AND ADDRESS INFORMATION			
Last Name:	First Name:	Middle Name:	
Present Address: Street:	City:	State/Zip:	Telephone: (    )
Permanent Address: Street:	City:	State/Zip:	Telephone: (    )
Mobile/Beeper/Other Phone #: (    )			

WORK ELIGIBILITY INFORMATION		
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. The Immigration Reform and Control Act of 1986 requires employment eligibility of all new hires.		
No person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older?: Yes    No	Do you have the right to remain and work permanently in the United States?: Yes    No	If hired, can you furnish proof of age and that you are eligible to work in the United States?: Yes    No

POSITION INFORMATION		
Position Desired:	Pay Expected:	Date You Could Start:
Check ( <input type="checkbox"/> ) Hours You Are Available To Work (please check all that apply):		
Full Time Day Shift	Part Time Evening Shift	Temporary Night Shift
	Overtime	Weekend
Are you employed now?: Yes    No	If so, may we inquire of your present employer?: Yes    No	Are you currently on "layoff" status and subject to recall?: Yes    No
Do you expect to maintain your present business or employment?: Yes    No	If yes, please explain:  What are your current hours and days of work? _____	
Have you ever worked for us before?: Yes    No	If yes, state position, date, and reason for leaving:	
Have you ever applied to us before?: Yes    No	If yes, state position, date, and outcome of application:	
Do you have any relatives currently employed by us? Yes    No	If yes, give name:	
Have you ever been convicted of a felony?: Yes    No	If yes, please explain: Note: A yes does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.	
Answer only if the statements apply to the position being sought:	Do you have a valid driver's license and safe driving record?    Yes    No Do you have a dependable means of transportation?    Yes    No Do you have your own tools?    Yes    No	



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U.S. MILITARY SERVICE INFORMATION			
Have you ever served in the U.S. military? Yes    No		If yes, please list branch of service and last rank:	
REFERRAL INFORMATION			
Referred By: <input type="checkbox"/> Initiative <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee Name _____ <input type="checkbox"/> Career Placement <input type="checkbox"/> Phone Book <input type="checkbox"/> Other? _____			
EDUCATION	Name of School Location of School	Did You Graduate?	Degrees or Major Field of Interest
High School or GED		Yes No	
College		Yes No	
Trade or Business School		Yes No	
Are you planning to pursue further studies: Yes    No		If 'yes', please explain:	
EMPLOYMENT HISTORY	Beginning with the MOST RECENT, list all jobs including volunteer work, part time employment while in school, military service, self employment, and unemployment. Please account for all periods of employment and unemployment for at least the past ten (10) years and including at least the last three (3) employers.		
<b>(1) Employer:</b>		Telephone: (    )	
Street Address:		City:	State:    Zip:
Period Employed (Month/Year):    From:    To:		Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?:    Yes    No			
<b>(2) Employer:</b>		Telephone: (    )	
Street Address:		City:	State:    Zip:
Period Employed (Month/Year):    From:    To:		Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?:    Yes    No			
<b>(3) Employer:</b>		Telephone: (    )	
Street Address:		City:	State:    Zip:
Period Employed (Month/Year):    From:    To:		Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?:    Yes    No			



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### FORMER EMPLOYER REFERENCE REQUEST

Applicant Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Former Supervisor's Name: \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Reason/s for Leaving: \_\_\_\_\_

Would You Re-Hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance:           Excellent      Average      Below Average

Quality of Work:      Excellent      Average      Below Average

Teamwork:            Excellent      Average      Below Average

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you.

**Former Employer:**

**Please reply to: 610-825-1333 (phone) or 610-825-2238 (fax)**



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Position Applied For: \_\_\_\_\_

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Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Former Supervisor's Name: \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Reason/s for Leaving: \_\_\_\_\_

Would You Re-Hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance:	Excellent	Average	Below Average
Quality of Work:	Excellent	Average	Below Average
Teamwork:	Excellent	Average	Below Average

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you.

**Former Employer:**

**Please reply to: 610-825-1333 (phone) or 610-825-2238 (fax)**



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Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Former Supervisor's Name: \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Reason/s for Leaving: \_\_\_\_\_

Would You Re-Hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance:	Excellent	Average	Below Average
Quality of Work:	Excellent	Average	Below Average
Teamwork:	Excellent	Average	Below Average

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you.

**Former Employer:**

**Please reply to: 610-825-1333 (phone) or 610-825-2238 (fax)**



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### **IMPORTANT! PLEASE READ BEFORE SIGNING**

#### **COMPLETENESS AND ACCURACY OF INFORMATION**

I represent that all of the information given by me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

#### **AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY**

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulations, I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation report that is made. I release you and them from liability as a result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

#### **NO WRITTEN, ORAL OR IMPLIED CONTRACTS**

I understand that all employment with the Company is "at will". This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Company retains a similar right. I understand that any written company documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only the President of the Company has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by the President of the Company.

#### **APPLICATION ACKNOWLEDGEMENT**

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE TERMS  
AND THAT I AGREE WITH THEM.**

Name (please print):

Social Security Number:

Applicant Signature:

Date: