

PHARMA CARE SERVICES

APPLICATION FOR EMPLOYMENT

PharmaCare Services IS AN EQUAL OPPORTUNITY EMPLOYER. All practices of recruiting, hiring, promotion, transfer, wage and salary administration, benefits and terminations are administered without regard to race, color, creed, sex, religion, national origin, disability, age, veteran status or any and all other unlawful bases regarding federal, state or local laws. Further, PharmaCare Services is committed to providing a work environment that prohibits, in any form, unlawful harassment. To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply that the applicant will be employed by the company. This form becomes a part of your permanent employment record if you are hired. This application will be held on file for 30 days. After that time period, applicants are responsible for reapplying.

PERSONAL INFORMATION (Please Print)

Last Name _____ First Name _____ Middle Name _____ Social Security Number _____
Current Address - Street/P.O. Box No. _____ City/State _____ Zip Code _____ Area Code - Current Phone Number _____

TYPE OF WORK DESIRED

Position(s) applying for _____ Salary \$ _____ Per _____

The following conditions might be required at some point in a job assignment. Do you agree to satisfy the following work schedule?

- a. Shift work? Yes No
b. Overtime work? Yes No
c. Rotation work? Yes No
d. Work schedule other than Monday to Friday? Yes No
e. Do you agree to work the hours required for your position? Yes No
f. Shift desired? Day Evening Night

Status of employment for which you are applying: Full-time Part-time Per Diem (PRN)

GENERAL INFORMATION

Are you at least 18 years of age or older? Yes No

Do you have legal right to work in the United States? Yes No

Has PharmaCare or any of its subsidiaries ever employed you? If yes, please indicate which subsidiary and dates of employment:

Do you have any relatives employed by Pharmacare or any of its subsidiaries? Yes No If yes, please indicate which subsidiary and relative's name(s):

Are you a United States Veteran? Yes No If yes, please list date of separation: _____

To assist us in our recruitment efforts, please indicate how you were referred to PharmaCare Services:

Walk-in Newspaper Advertisement (please specify): _____ Job Fair (please specify): _____

Employee Referral (please specify): _____ Other _____

SECURITY DATA

Pursuant to the OIG Compliance Program, Employees convicted of criminal offenses or offenses including fraud and abuse related to health care are prohibited from participating in any portion of the direct or indirect health care delivery process. In the event of any pending charges, current employees may be removed from direct responsibility or involvement with any Federal health care program.

Have you ever been convicted or pleaded guilty or no contest to any criminal offense other than a minor traffic violation? Yes No
(Criminal convictions are not an automatic ban from employment and will only be considered in relation to specific job requirements.)

Have you ever been convicted of a criminal offense related to health care or listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federal health care programs? Yes No

If you answered "yes" to either or the above questions, please briefly describe the circumstances of your conviction indicating the date, nature and place of the offense and disposition of the case.



EDUCATION AND TRAINING		No. of Years Completed	Graduated		Type of Degree, Diploma or Certificate and Major Course of Study	Academic Standing
Institution Name and Location			Yes	No		
High School						
College/ University						
Graduate School						
Trade School/ Other Training						

ACADEMIC ACHIEVEMENTS AND ACTIVITIES:

Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (You may exclude all information of race, color, creed, sex, religion, national origin, disability, age, and veteran status.)

EMPLOYMENT HISTORY

Please list your employment history for the past ten years or your last five employers. Start with your current employer. Include U.S. Military Service.

Name of Employer: _____ Area Code & Telephone No.: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From _____ To _____ Salary: Starting \$ _____ per _____ Ending \$ _____ per _____
 Duties Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

Name of Employer: _____ Area Code & Telephone No.: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From _____ To _____ Salary: Starting \$ _____ per _____ Ending \$ _____ per _____
 Duties Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

Name of Employer: _____ Area Code & Telephone No.: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From _____ To _____ Salary: Starting \$ _____ per _____ Ending \$ _____ per _____
 Duties Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

Name of Employer: _____ Area Code & Telephone No.: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From _____ To _____ Salary: Starting \$ _____ per _____ Ending \$ _____ per _____
 Duties Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

Name of Employer: _____ Area Code & Telephone No.: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From _____ To _____ Salary: Starting \$ _____ per _____ Ending \$ _____ per _____
 Duties Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

Please explain all periods of unemployment.

LICENSED/CERTIFIED APPLICANTS ONLY					
	License No. & State Issued by	Expires (Date) & Status		License No. & State Issued by	Expires (Date) & Status
Pharmacist			ACLS		
Pharmacy Technician					
Please list any other professional memberships, organizations or certifications you hold.					

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, voluntary work experience, and any other languages spoken.

REFERENCES
List at least three references other than relatives or friends.

	<u>Name</u>	<u>Address & Phone No.</u>	<u>Occupation</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

READ CAREFULLY BEFORE SIGNING THE APPLICATION FOR EMPLOYMENT:

If employed by PharmaCare Services and in consideration thereof, I understand and agree to:

- I certify that the answers given by me to the foregoing questions and statements on the employment application and or during the employment interview process are true and correct without any material omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that PharmaCare Services shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.
- I authorize the companies schools, persons or entities given during the employment process or on this employment application as references or past employers or affiliations to give any information regarding my employment, character, qualifications, certifications and licenses and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information.
- I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment. A favorable result on the medical examination and/or drug and alcohol test shall be a condition of my employment or commencement of any employment duties.
- I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer.
- My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, all health care industry compliance program requirements, including adherence to the established *Code of Conduct*, and all other PharmaCare Services rules, regulations, policies and procedures currently or hereafter in effect.
- I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the available position. I understand each requirement and certify that I am capable of meeting each and every requirement. I also understand if the position for which I am applying requires licenses and/or certifications, it is my responsibility and a requirement for continued employment to maintain valid licenses and/or certifications.

Signature of Applicant Date