



**We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.**

**DATE:** \_\_\_\_\_

**I. PERSONAL INFORMATION**

<b>NAME:</b>	
<b>PRESENT ADDRESS:</b>	
<b>PERMANENT ADDRESS:</b>	
<b>PHONE:</b>	
<b>SS NUMBER:</b>	

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc. within three days of being hired. Failure to submit such proof within the required time will result in immediate employment termination.**

**POSITION APPLIED FOR:** \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: \_\_\_\_\_
2. Do you have any relatives who are presently (or have formerly been) employed by Medicine Chest? \_\_\_\_\_
3. How were you referred to Medicine Chest? \_\_\_\_\_
4. Have you ever been convicted of a felony?  YES  NO If yes, please explain: \_\_\_\_\_
5. Are you currently on "lay-off" status and subject to recall?  YES  NO
6. Are you currently employed?  YES  NO
7. May we contact your present employer?  YES  NO

**II. EDUCATIONAL HISTORY**

	SCHOOL NAME	YEARS COMPLETED	DEGREE/ DIPLOMA
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TECHNICAL TRAINING			
OTHER			

**III. EMPLOYMENT RECORD**

List all employment for the last five years, with the most recent first. Use a separate sheet to list additional employers, if necessary.

EMPLOYER:	ADDRESS:
	PHONE:
POSITION HELD:	WAGE/SALARY:
SUPERVISOR:	REASON FOR LEAVING:
Manager Only Reference:	

<b>EMPLOYER:</b>	<b>ADDRESS:</b>
	<b>PHONE:</b>
<b>POSITION HELD:</b>	<b>WAGE/SALARY:</b>
<b>SUPERVISOR:</b>	<b>REASON FOR LEAVING:</b>
<b>Manager Only Reference:</b>	

<b>EMPLOYER:</b>	<b>ADDRESS:</b>
	<b>PHONE:</b>
<b>POSITION HELD:</b>	<b>WAGE/SALARY:</b>
<b>SUPERVISOR:</b>	<b>REASON FOR LEAVING:</b>
<b>Manager Only Reference:</b>	

<b>EMPLOYER:</b>	<b>ADDRESS:</b>
	<b>PHONE:</b>
<b>POSITION HELD:</b>	<b>WAGE/SALARY:</b>
<b>SUPERVISOR:</b>	<b>REASON FOR LEAVING:</b>
<b>Manager Only Reference:</b>	

**IV. REFERENCES**

Please do not include relatives or former employers.

<b>NAME:</b>	
<b>TELEPHONE:</b>	<b>YEARS KNOWN:</b>
<b>ADDRESS:</b>	
<b>OCCUPATION:</b>	

<b>NAME:</b>	
<b>TELEPHONE:</b>	<b>YEARS KNOWN:</b>
<b>ADDRESS:</b>	
<b>OCCUPATION:</b>	

<b>NAME:</b>	
<b>TELEPHONE:</b>	<b>YEARS KNOWN:</b>
<b>ADDRESS:</b>	
<b>OCCUPATION:</b>	

**V. WORK AVAILABILITY**

1. If your application receives favorable consideration, when would you be available to begin work?  
\_\_\_\_\_
2. Do you have any objection to working overtime?  YES  NO
3. Can you work overtime without prior notice?  YES  NO
4. Can you work on Saturday?  YES  NO
5. Can you work on Sunday?  YES  NO
6. Can you travel if required by this position?  YES  NO

**VI. SALARY/HOURLY RATE REQUIREMENTS**

If your application receives favorable consideration, what salary/hourly rate would you require?

\_\_\_\_\_

## **Pre-Employment Drug Testing Policy**

All candidates who have received a conditional offer of employment will be required to undergo testing for commonly-abused controlled substances.

### ***Substances Covered By Drug/Alcohol Testing***

Candidates will be tested for their use of commonly-abused controlled substances, including, but not limited to: Amphetamines, Opiates, Cannabinoids (THC), Cocaine, Methamphetamine, Phencyclidine (PCP), Propoxyphene, and chemical derivatives of these substances.

Candidates must advise the testing personnel and lab of all prescription drugs taken in the past month before the test, and to be prepared to show proof of such prescription to testing personnel.

### ***Testing Methods and Procedure***

Medicine Chest Pharmacies will pay for the cost of the testing, including the confirmation of any positive test result by gas chromatography. The testing lab will retain samples in accordance with State law, so that a candidate may request a retest of the sample at his/her own expense if he or she disagrees with the test result.

### ***Refusal to Undergo Testing***

Candidates who refuse to submit to a drug test or who fail to show up for a drug test will no longer be considered for employment.

### ***Positive Test***

If a candidate tests positive on an initial test, the employment process will be suspended.

### ***Right to Explain Test Results***

Medicine Chest Pharmacies will only provide a copy of test results to candidates who test positive.

### ***Confidentiality Requirements***

All records concerning test results will be kept in medical files which are maintained separately from applicant and employee personnel files.

Testing laboratories may conduct testing only for substances included on the disclosure list provided to the individual, and may not conduct general testing related to the medical conditions of the individual which are unrelated to drug usage.

### ***Retesting***

Candidates may request a retest of their positive test results, within five (5) working days after notification by Medicine Chest Pharmacies of such positive test result. This retest is at the expense of the individual, unless the original test result is called into question by the retest.



# Medicine Chest Pharmacy

## PERMISSION TO CONDUCT BACKGROUND INVESTIGATION

I hereby authorize **Medicine Chest Pharmacy** or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, driving record and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

_____ Name of Applicant (Print)			_____ Other Name(s) Used During Education/Career		
_____ Desired Position			_____ Social Security Number	_____ Date of Birth	
_____ Current Address			_____ Professional License/Certification # and State (current and inactive)		
_____ City	_____ State	_____ ZIP	_____ Professional License/Certification # and State (current and inactive)		
			_____ Driver's License # and State		
_____ Applicant Signature		_____ Date	_____ Witness Signature		_____ Date

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Addresses for the past seven years: (If different from above)

(2) _____ Address	(4) _____ Address
_____ City                      State                      ZIP	_____ City                      State                      ZIP
(3) _____ Address	(5) _____ Address
_____ City                      State                      ZIP	_____ City                      State                      ZIP