



Employment Application

Applicant: We appreciate your interest in MediSav Homecare Pharmacies. A record of your work history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A. All persons who are hired must, by law, present acceptable evidence of their eligibility to work in the United States.

| APPLICANT INFORMATION | | | |
|---|-------|---|--|
| Name | | Date | |
| Street Address | | | |
| City | State | ZIP | |
| Phone | | Social Security No. | |
| Position Applied for | | Date Available For Work | |
| Desired Salary | | | |
| Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Date of Birth <small>(required for background check)</small> | |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Available For: (circle all that apply) Full Time Part Time Flexible Hours | | | |
| Nights & Weekends | | | |
| Have you ever been employed with us before? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Are you currently employed YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| EDUCATION | | | |
|-------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

List all office and/or computer skills. Please note all software programs you are skilled in using. Also, list any military service and/or professional credentials.

| REFERENCES | |
|--------------------------------------|---------------|
| <i>Please list three references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| | |
|-----------|---------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| | |
|-----------|---------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| PREVIOUS EMPLOYMENT | | |
|--|-----------------------|---------------------|
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| Dates of Employment | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | |
|--|-----------------------|---------------------|
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| Dates of Employment | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | |
|--|-----------------------|---------------------|
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| Dates of Employment | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

Have you ever been convicted of a crime and the record not been sealed or expunged by the courts (excluding minor traffic violations)?

YES NO If yes, provide information.

Do you presently have a valid driver's license? YES NO

Driver's License Number include expiration date_____

Has your driver's license ever been revoked? YES NO
If yes, provide information.

PLEASE READ AND SIGN

I certify that all of the information herein is true and correct. I understand and agree that if employed, false, misleading or incorrect statements or material omissions on this application may be sufficient cause for termination at any time and that MediSav Homecare Pharmacies shall not be liable in any respect if my employment is terminated. I acknowledge that employment with MediSav Homecare Pharmacies is "at will" and either MediSav Homecare Pharmacies or I may terminate the employment relationship at any time, with or without cause. I authorize MediSav Homecare Pharmacies or its agent(s) to investigate inquiries and obtain reports such as motor vehicle driving record, criminal background check or any other inquiries or reports as MediSav Homecare Pharmacies deems necessary.

Signature

Date