



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Can you perform the essential functions of the position with or without reasonable accommodations?

YES [ ] NO [ ]

Are you legally eligible to be employed in the United States? (Identity and eligibility proof will be required upon hire)

YES [ ] NO [ ]

Are you over the age of 18 years? (If no, you may be required to prove authorization to work.)

YES [ ] NO [ ]

Have you ever worked for this Company before? YES [ ] NO [ ]

If yes, where? \_\_\_\_\_

When? (Give dates): \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES [ ] NO [ ]

If yes, who and where do they work? \_\_\_\_\_

You are available to work: DAYS / NIGHTS / OVERNIGHT / WEEKENDS / FT / PT / PRN (Circle all that apply)

If you are unable to work full time, please explain: \_\_\_\_\_

What date would you be available to begin work?: \_\_\_\_\_

**Days and Hours Available:** (If employed, I will notify my supervisor in writing, should my availability change.)

PLEASE PRINT

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [ ] NO [ ] May we contact your employer? YES [ ] NO [ ]

If presently employed, why are you looking for a new position?: \_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [ ] NO [ ] If yes, please explain and list offices held:

(Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

**EDUCATION:**

	Name and Location of School	Course of Study	Years Complete	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

**EMPLOYMENT:** (Please start with your present or most recent position)

Name of Employer:		Telephone Number:	
Full Address:		Supervisor's Name and Title:	
Dates Employed: from ___/___/___ to ___/___/___		Starting Rate of Pay:	Final Rate of Pay:
		Position:	
Describe the Work Performed:			
Name of Employer:		Telephone Number:	
Full Address:		Supervisor's Name and Title:	
Dates Employed: from ___/___/___ to ___/___/___		Starting Rate of Pay:	Final Rate of Pay:
		Position:	
Describe the Work Performed:			

**EMPLOYMENT CONTINUED:**

Name of Employer:		Telephone Number:	
Full Address:		Supervisor's Name and Title:	
		Starting Rate of Pay:	Final Rate of Pay:
Dates Employed: from ___/___/___ to ___/___/___		Position:	
Describe the Work Performed:			
Name of Employer:		Telephone Number:	
Full Address:		Supervisor's Name and Title:	
		Starting Rate of Pay:	Final Rate of Pay:
Dates Employed: from ___/___/___ to ___/___/___		Position:	
Describe the Work Performed:			

Use an additional sheet of paper if more space is necessary.

**PERSONAL REFERENCES:**

(Please give 3 references. Do not use relatives or employers.)

Name	Occupation
Full Address	Telephone #
Name	Occupation
Full Address	Telephone #
Name	Occupation
Full Address	Telephone #

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you a veteran of the U.S. Military service? [ ] Yes [ ] No

**United Rx is an equal opportunity employer. All applicants are considered for all positions without regard to race, religion, ancestry, citizenship status, color, sex, childbirth, pregnancy or pregnancy-related condition, sexual orientation, age, disability, national origin, veteran or military status, unfavorable discharge from military service, arrest record, marital status, genetic information, or any other characteristic protected by applicable law.**

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

I understand that if I am extended an offer of employment, it may be contingent upon my successful passing of a background check and a drug screening.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: \_\_\_\_\_

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

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*For Personnel Department Only*

Remarks:

\_\_\_\_\_  
Interview Report By: \_\_\_\_\_

I wish to order  Credit Report  DMV Records  Reference Verification  Criminal Records