

BOSWELL PRESCRIPTION CENTER

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

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DATE: _____

NAME: _____				
LAST	FIRST	MIDDLE	MAIDEN	
PRESENT ADDRESS: _____				
NUMBER	STREET	CITY	STATE	ZIP
HOME PHONE NUMBER: () - CELL NUMBER () -				
SOCIAL SECURITY NUMBER: - -				
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS: _____				
IF UNDER 18, PLEASE LIST AGE: _____				

POSITION APPLIED FOR: _____				
SALARY DESIRED: _____				
EMPLOYMENT DESIRED: FULL TIME () PART TIME () FULL OR PART TIME ()				
DAYS AVAILABLE TO WORK: MON () TUE () WED () THUR () FRI () SAT () SUN (NO PREF ()				
HOW MANY HOURS CAN YOU WORK WEEKLY? _____				
CAN YOU WORK NIGHTS? _____				
WHEN ARE YOU AVAILABLE TO START WORK? _____				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO () YES () If yes, what year? _____
If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

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WORK EXPERIENCE

Name of Employer Address City, State, Zip Phone	Name of last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your Last Job Title		
Reason for Leaving (be Specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company			

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May we contact your present employer? () Yes () No

Did you complete this application yourself? () Yes () No

If not, who did? _____

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DO YOU HAVE A DRIVER'S LICENSE? () YES () NO

What is your means of transportation to work?
Driver's License Number: _____
State of Issue: _____
Expiration Date: _____
() Operator () Commercial (CDL) () Chauffeur

Have you had any accidents in the past three years? _____ How many? _____
Have you had any moving violations in the past three years? _____ How many? _____

OFFICE ONLY

Typing: () Yes () No _____ WPM 10-Key () Yes () No
Computer Skills: () Yes () No _____ Cash Register: () Yes () No
Other Skills: _____

REFERENCES

Please list two references other than relatives or previous employers:

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualification for the specific position for which you are applying.

EMPLOYMENT APPLICATION FORM

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Boswell Prescription Center (hereafter called "the Company"), I agree that:

Neither the acceptance of the application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a conditions of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successfully passing of job related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credits records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____

Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest on our business