



**We provide quality pharmacy professionals.**

100 E. Homer Adams Pkwy. Alton IL 62002 ph. 618.462.2484 fax 618.465.7221 www.metroph.com

**Pharmacy Technician Interview Form**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Present Address and Contact Information**

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers

Home \_\_\_\_\_ Cell \_\_\_\_\_

E Mail Address \_\_\_\_\_

**Licensing and Liability (Please attach copies of all licenses and certificates of insurance)**

Are you a certified pharmacy technician (CPhT)? Yes \_\_\_\_\_ No \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_

Driver License State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Education**

High School Name \_\_\_\_\_ High School Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

Pharmacy Technician School \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

Reference from technician training school (not mandatory) \_\_\_\_\_

**Work Experience**

In-patient Hospital \_\_\_\_\_ Out-patient Hospital \_\_\_\_\_ Long-term Care \_\_\_\_\_ I.V./Chemo \_\_\_\_\_ Home Infusion \_\_\_\_\_

Compounding \_\_\_\_\_ Retail \_\_\_\_\_

**Desired Work Settings**

In-patient Hospital \_\_\_\_\_ Out-patient Hospital \_\_\_\_\_ Long-term Care \_\_\_\_\_ I.V./Chemo \_\_\_\_\_ Home Infusion \_\_\_\_\_

Compounding \_\_\_\_\_ Retail \_\_\_\_\_

**Availability**

Days \_\_\_\_\_ Afternoons \_\_\_\_\_ Midnights \_\_\_\_\_

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_



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Would you be interested in traveling with an overnight stay? \_\_\_\_\_

**Work Experience**

Note that it is not necessary for you to leave your full-time employment in order to contract with Metro RPh.

Name of Most Recent Employer \_\_\_\_\_

Street Address Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Contact \_\_\_\_\_

Are you currently employed by this employer? \_\_\_\_\_ If yes, may we contact your supervisor for a reference? \_\_\_\_\_

Reason for leaving (if you are no longer employed by this employer) \_\_\_\_\_

Name of Immediate Previous Employer \_\_\_\_\_

Street Address Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_

Street Address Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Professional References**

Please list two professional references.

Reference 1 First Name \_\_\_\_\_ Reference 1 Last Name \_\_\_\_\_

Professional Connection (how does this person know you?) \_\_\_\_\_

Position/Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Reference 1 First Name \_\_\_\_\_ Reference 1 Last Name \_\_\_\_\_

Professional Connection (how does this person know you?) \_\_\_\_\_

Position/Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_



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Pharmacy Staffing Solutions 100 E. Homer Adams Pkwy. Alton IL 62002 ph. 618.462.2484 fax 618.465.7221 www.metroRph.com

**Inquiries and Attestation**

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes \_\_\_\_ No \_\_\_\_

If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case and attach to this form. Metro RPh will not deny the right to contract through our agency to any applicant solely because the person has been convicted of a crime. However, Metro RPh may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? 'Involved' means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. 'Involved' also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. 'Involved' also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. Yes \_\_\_\_ No \_\_\_\_

If yes, please briefly describe the nature of your involvement, the date and place of proceedings and the actions taken by the governing body and attach to this form. Metro RPh will not deny the right to contract through our agency to any applicant solely because the person has been involved in administrative proceedings regarding professional licensure. However, Metro RPh may consider the nature, date and circumstances of the involvement as well as whether the offense is relevant to the duties of the position applied for.

Metro RPh might have to share your circumstances with potential clients in order fully ascertain your ability to perform within the client pharmacy(ies). Clients of Metro RPh are understandably concerned with their good standing in the eyes of the regulatory commissions and boards and have issued a contract of trust with Metro RPh to protect their good standing. Does Metro RPh have your permission to share your circumstances, the results of your criminal background check, reasonable background information, and/or reasonable occupational health information as it pertains to your potential function within the pharmacy. Yes \_\_\_\_ No \_\_\_\_

I attest that the information contained in this interview form is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

**Please initial each statement below**

\_\_\_\_ Metro RPh will not directly supervise my work activities or control the work that I perform. As such, I understand that I am a professional and expected to govern myself in a reasonable and professional manner.

\_\_\_\_ Metro RPh does not have priority or claim over my time. As such, I understand that I am able to turn down an assignment in a professional and timely manner with no adverse repercussion on my relationship or standing with Metro RPh.

\_\_\_\_ Metro RPh functions as a recruiter for pharmacy professionals to PRN, part-time, full-time and permanent placement positions in pharmacies. Metro RPh can control neither the needs of pharmacy clients nor the availability of pharmacy professionals, therefore, Metro RPh cannot set or control pharmacy hours or guarantee me work.

\_\_\_\_ This application serves as a sign of good faith between Metro RPh and me. If Metro RPh has a contract position that I am suited to, they will offer it to me but Metro RPh is not obligated to do so.

\_\_\_\_ I understand that I may work with other agencies or pharmacies (clients) as long as Metro RPh did not initiate the relationship or had not staffed me into the client facility for a period of one year leading up to the date of service in order to avoid conflicted interests.

\_\_\_\_ I understand that my relationship with Metro RPh is a business to business relationship. Metro RPh's business is contracting temporary pharmacy professionals to pharmacies. My business is contract pharmacy professional work.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



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**How did you hear about Metro RPh?**

Please help us give credit to the people who are helping us build a strong company full of great people.

Referred by \_\_\_\_\_ Web-Site \_\_\_\_ Marketing Effort \_\_\_\_ Job Fair \_\_\_\_

Professional Meeting \_\_\_\_ Other (please list) \_\_\_\_\_

**Check list**

Please attach legible copies of:

- \_\_\_ Current Professional Licenses    \_\_\_ Proof of Liability Insurance    \_\_\_ Proof of Auto Insurance
- \_\_\_ State Issued Photo ID (preferably driver license)    \_\_\_ Social Security Card    \_\_\_ Form W-9

\*Please note that we cannot process your application without this information.

AUTHORIZATION FORM – [www.backgroundcheckadvantage.com](http://www.backgroundcheckadvantage.com)

4/20/2016



METRO RPH  
Brooks Fleetwood  
618-462-2484  
Fax 618-465-7221

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Will Employee's Salary Exceed \$75,000?

 No  Yes

Social Security Number

Date of Birth

Race

Gender

 Male  Female

Mailing Address (NO P.O. Boxes)

City

State

Zip

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant

## BACKGROUND SEARCHES

 **OIG** (Medicare/Medicaid Fraud & Abuse)  **GSA** (Federal Procurement Fraud)  **\*\*FCSR**
 **SSN Plus** (Address & Alias Name are included)  **Address Verification**  **Alias Name Search**
 **Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

 **Wants & Warrants** (Nationwide - extraditable only)  **OFAC** (Specially Designated Nationals and Blocked Persons List)

**Child Abuse/Neglect** –  **IL\*\***  **IA\*\***  **IN\*\***  **KS\*\***  **MO\***  **NE\*\***  **TN**
 **\*MO Mental Health Employee Disqualification Registry**  **MO EDL** (Employee Disqualification List)

 **FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_ **SEX OFFENDER**  **Nationwide** or  **State 1:** \_\_\_\_\_

 **DRIVING RECORD** State \_\_\_\_\_ **DL#** \_\_\_\_\_

 **PROFESSIONAL LICENSE**  **National** or  **State** \_\_\_\_\_

**Type:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

 **EDUCATION** School Name (include campus): \_\_\_\_\_

**City/State:** \_\_\_\_\_ / \_\_\_\_\_ **Major:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Degree Type:** \_\_\_\_\_ (BSN, B.A., etc.) **Name While Attending:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

 **EMPLOYMENT** **Company:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ / \_\_\_\_\_

**Phone:** \_\_\_\_/\_\_\_\_-\_\_\_\_ **Manager:** \_\_\_\_\_ **Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Title:** \_\_\_\_\_ **Starting Wage:** \$\_\_\_\_\_ **Ending Wage:** \$\_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

## LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, LA, MA, WV and WY

**County 1:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County 2:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County 3:** \_\_\_\_\_ **State:** \_\_\_\_\_

## STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State

<input type="checkbox"/> AL*	<input type="checkbox"/> AK*	<input type="checkbox"/> AZ	<input type="checkbox"/> AR*	<input type="checkbox"/> CO	<input type="checkbox"/> CT*	<input type="checkbox"/> DE	<input type="checkbox"/> DC*	<input type="checkbox"/> FL	<input type="checkbox"/> GA*
<input type="checkbox"/> HI	<input type="checkbox"/> ID**	<input type="checkbox"/> IN	<input type="checkbox"/> IA*	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MO	<input type="checkbox"/> MS*	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV*	<input type="checkbox"/> NH**	<input type="checkbox"/> NJ	<input type="checkbox"/> NM*	<input type="checkbox"/> NY*	<input type="checkbox"/> NC*
<input type="checkbox"/> ND	<input type="checkbox"/> OH*	<input type="checkbox"/> OK	<input type="checkbox"/> OR*	<input type="checkbox"/> PA	<input type="checkbox"/> RI*	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX
<input type="checkbox"/> UT*	<input type="checkbox"/> VA*	<input type="checkbox"/> VT*	<input type="checkbox"/> WA	<input type="checkbox"/> WI					

Note: Nevada & Ohio are **Felony** Only
 Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

**\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**