

HARRISON FAMILY PHARMACY

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired wage: \$ _____

Position Applied For: _____

What is your Michigan Pharmacy Tech License Number: _____ Expiration Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**Harrison Family Pharmacy, PC.
Application for Employment**

Applicant's Statement and Conditions of Employment
(please read carefully before signing)

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit and indebtedness may be obtained prior to any final offer of employment. Upon timely written request to personnel department of Harrison Family Pharmacy, PC. (also referred to as "the Company"). The nature and scope of the report will be disclosed to me."

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screen."

"I agree as a condition of my employment (should I be employed by the Company), to submit to a medication examination if requested and based on the position that I accept a urinalysis test if required and paid for by the company I further agree to the search or examination of myself or personal property on the Company's premises or while conducting its business elsewhere, I also authorize any company, school, policy, or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the Company to employee me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the Company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the Company does not offer contracts of employment (unless signed by the president), I understand that nothing contained herein is intended to create a contract between the Company and I for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the Company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time, with or without notice, with or without cause. It is further understood that this "At-will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized executive of the Company. I also understand that Harrison Family Pharmacy, PC. retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretions."

"During my employment with Harrison Family Pharmacy, PC and after my employment ends, I agree to not disclose any confidential or proprietary information regarding operations and trade secrets. I further agree that with respect to any civil litigation involving Harrison Family Pharmacy, PC in which I am a potential witness and does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying the Company or unless a representative or attorney of the Company is present. A copy of this may be used as the original. The use of results from this form and/or tests will be used to make prudent employment decisions."

This application is valid for sixty days from the application date unless renewed in person or in writing.

Signature of applicant: _____

Date: _____

Harrison Family Pharmacy, PC is an EQUAL OPPORTUNITY EMPLOYER M/F/D/V