



Employment Application

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

We appreciate the opportunity to review your qualifications for employment with Skywalk Pharmacy. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. Please note that we have multiple locations and will consider you for any available positions you qualify for. Thank you.

PERSONAL DATA:

Last Name	First	Middle	Email address	
Street Address	City	State/Zip Code	Home Number	Cell Number

POSITION APPLIED FOR: _____ DATE: _____

How did you learn of our Company? _____

If referral, who were you referred by? _____

Salary expectations: _____ Type of employment: Full-time Part-time Internship

Are there any days, shifts, or hours you will not work? _____ If yes, please explain: _____

Will you work overtime, if required? _____ When will you be able to start work? _____

Have you ever applied or worked here before? Yes No If yes, provide dates: _____

Are you under 18 years of age? Yes No (If yes, a work permit will be required.)

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? Yes No

Have you been convicted of a felony or misdemeanor (non-traffic violation) within the last seven years? A criminal conviction will not necessarily be a bar to employment. Yes No

Please describe your criminal conviction(s) including penalty(ies) imposed, dates, the nature of your offense(s), and your rehabilitation since the conviction(s).

Skywalk Pharmacy fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws.

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated?		If no Degree, Credits earned	Type of Degree Received or Expected	Major	Minor	Grade Point Average (GPA)
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/Certifications/Other							

EMPLOYMENT HISTORY: Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis.

1. Company Name	Telephone Number
Address	Dates Employed: From To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rate of Pay: Start Last	
State job titles and describe job duties	Reason for Leaving

2. Company Name	Telephone Number
Address	Dates Employed: From To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rate of Pay: Start Last	
State job titles and describe job duties	Reason for Leaving

3. Company Name	Telephone Number
Address	Dates Employed: From To
Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Rate of Pay: Start Last	
State job titles and describe job duties	Reason for Leaving

Please explain any gaps in your employment history. _____

Have you ever been discharged or forced to resign? Yes No If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No If yes, please explain: _____

Have you signed any non-compete or non-solicit agreements with any other employer that might restrict you from working for this company? Yes No If yes, please explain: _____

(You may be required to furnish a copy of the agreement)

MILITARY SERVICE: (Complete only if you served in the military)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

KNOWLEDGE:

Describe any additional special skills, training or experience you believe are relevant to the job applied for: _____

Please rank yourself in the following areas:

- | | | | |
|-------------------|--------------------------------|---------------------------------------|-----------------------------------|
| Computer Skills: | Basic <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> |
| Customer Service: | Basic <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> |
| Office Equipment: | Basic <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> |

REFERENCES: Please list three professional references to you who know your qualifications.

NAME	E-MAIL ADDRESS	PHONE NUMBER	RELATIONSHIP



APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize Skywalk pharmacy to contact y former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Skywalk Pharmacy (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THE, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP ETWEEN ME AND SKYWALK PHARMACY. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature: _____ Date: _____

CONSUMER REPORT DISCLOSURE NOTIFICATION

Skywalk Pharmacy

I, _____, acknowledge that I have been informed that pursuant
(Print Full Name)

to my application/employment with Skywalk Pharmacy, an investigative consumer report which may include employment, professional and/or personal references, criminal background checks, education verification, as well as public record information, may be prepared and by my signature below hereby authorize the preparation of this report.

I understand that if this report is used as a basis for adverse action, that I will be informed, and further, that I have the right to contact the consumer reporting agency (Personnel Evaluation, Inc., 11138 W. Greenfield Ave. Milwaukee, WI 53214, 1-888-734-2727, www.peiasap.com) which will provide this report, to obtain a free copy of my consumer report.

NOTICE: The consumer reporting agency/credit reporting agency that provides this report will not be a party to any decision to take adverse action and will be unable to provide the specific reason(s) why the adverse action was taken. This notice is provided under the provisions of the Fair Credit Reporting Act [15 U.S.C S 1681]. A complete explanation of your rights under the Act may be obtained by referring to the Federal Statute. You may have additional rights under applicable State Law.

For background checking purposes only, please provide the following information:

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Please list any other names that may be associated with your school, employment or other records and the years used:

Please list each place where you have lived or worked in the past ten years:

Years From – To	City	County	State

CA, OK or MN residents only:

_____ Check here for a free copy of any consumer report and/or investigative consumer report that is requested on you.

Please refer to the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act for your specific rights.

Signature

Date