

APPLICATION FOR EMPLOYMENT - PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Phone			E-mail Address			
Position						
Type of Employment	Full-time or Part-time (circle one)	Date Available				Desired Salary
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Who referred you to this company?			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College						
		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other						
		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

GENERAL

Subjects of special study or work
Special Training
Special Skills

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REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Description of Work			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain:			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Description of Work			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain:			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Description of Work			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain:			

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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

MEDICAL CONDITIONS

Do you have any medical conditions that would prevent you from doing the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain:		
Are you taking any prescription medications that may impair your ability to perform the job which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain:		

OTHER QUESTIONS

Are you able to lift approximately 40 pounds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please explain:		
Are you able to stand for approximately 8 hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please 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
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Applications will be kept on file for 1 year from the application date.

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**FAIR CREDIT REPORTING ACT
JOB APPLICANT DISCLOSURE AND AUTHORIZATION**

TO: _____
Name of Applicant

Alert Pharmacy Services, Inc.’s (referred to as “the Company”) application process includes an investigation of your background. This information may relate to your past employment history, references, driving record, criminal history, credit history and other information bearing on your character, reputation, personal characteristics and/or mode of living.

The federal Fair Credit Reporting Act protects certain types of background information contained in “consumer reports.” To the extent that the Company procures information on job applicants in the “consumer reports” furnished by “consumer reporting agencies,” it will comply with all applicable provisions of the Fair Credit Reporting Act.

Under the Act, the company is required to disclose in writing that it may procure information about you from “consumer reports” for the purposes of evaluating your job application and suitability for employment. In order to process your job application, you will be required to authorize the company to obtain such information. If you have questions about the Fair Credit Reporting Act or your rights as a “consumer”, you may contact the Consumer Financial Protection Bureau.

By signing below, you certify that the company has provided you with a copy of this Disclosure, that you have read it and understand its terms and that you consent to the procurement of “consumer reports” by the Company containing information about you.

Signature

Date

Driver’s license number

Please provide a copy of your driver’s license.