

Application for Employment

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, national origin, ancestry, religion, gender, marital status, age, disability, sexual orientation, gender identity, gender stereotyping, gender expression, results of genetic testing, service in the military, protected veteran status, disability status, or any other characteristic protected by law.

Personal Information

Name – Last		First	Middle	
Current Mailing Address – Street		City	State	ZIP Code
Home Address (If different from above) – Street		City	State	ZIP Code
Phone Numbers (Include Area Code)				
Home Phone #:		Mobile Phone #:	Other:	
E-mail Address				
Indicate position you are applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer / Co-op				
Are you at least 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you certified to drive an emergency vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you will be available for employment?		Salary Desired
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Other		Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____		Do you know anyone who works for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide company names and details: Company _____ Details _____		
Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony pertaining to controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and details.				
Have you been convicted of any misdemeanor in the past 10 years pertaining to controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and details.				
Have you ever been convicted of a misdemeanor or felony which excluded you from participation in any Medicare or Medicaid programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and details.				

ADAMS CUMBERLAND PHARMACY

3463 Biglerville Road
Biglerville, PA 17307

BIG SPRING PHARMACY

91 South High Street
Newville, PA 17241

HOLLY PHARMACY

31 N Baltimore Avenue
Mt Holly Springs, PA 17065

QUALITY CARE PHARMACY

1 Sprint Drive
Carlisle, PA 17015

Employment Record

Include your last seven (7) years of employment history and periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

From		To		Summarize the nature of work performed and job responsibilities
Month	Year	Month	Year	
Employer				
Street Address				
City		State		
Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name and Title				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				Reason For Leaving
From		To		Summarize the nature of work performed and job responsibilities
Month	Year	Month	Year	
Employer				
Street Address				
City		State		
Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name and Title				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				Reason For Leaving
From		To		Summarize the nature of work performed and job responsibilities
Month	Year	Month	Year	
Employer				
Street Address				
City		State		
Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name and Title				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				Reason For Leaving
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Month	Year	Month	Year	
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Phone Number ()				
Type of Business				
Your Position				
Supervisor's Name and Title				
Annual Salary		Base		
Other Compensation (bonus, overtime, etc.)				Reason For Leaving

EMPLOYMENT AT WILL

Alert Pharmacy Services, Inc. is an equal opportunity employer who does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, unfavorable discharge from military service, or any other characteristic protected by law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Alert Pharmacy Services, Inc. to hire me. If I am hired, I understand that Alert Pharmacy Services, Inc. does not guarantee or promise employment for any specified length of time, and either Alert Pharmacy Services, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Alert Pharmacy Services, Inc. has the authority to make any assurance to the contrary.

POST-OFFER REQUIREMENTS

1. I understand that my employment with Alert Pharmacy Services, Inc. is contingent upon successful clearance of a criminal background check which could include both the Pennsylvania State Police and the Federal Bureau of Investigation (FBI), and may require digital fingerprinting.
2. I agree, if required by the Company, to take a medical examination at Company expense at an authorized facility.
3. I also understand that I may be required to be tested for controlled substances (drugs), and I will authorize the release of the results of these tests to the Company.

EMPLOYMENT ELIGIBILITY

I understand that at the time of employment I will be required to furnish documents of personal identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.

I attest with my signature below that I have given to Alert Pharmacy Services, Inc. true and complete information on this application. No information has been concealed. I authorize Alert Pharmacy Services, Inc. to contact references provided for employment reference checks. Information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant

Date