



Application for Employment

PERSONAL INFORMATION

Last Name _____ First Name _____ M.I. _____

Social Security Number _____

(For employment eligibility verification only)

Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Cell/Business Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Are you under 18 years of age? ☐ Yes ☐ No

Driver's License or State ID Number _____ State _____

Have you ever been employed by Allcare Pharmacy before? ☐ Yes ☐ No

If yes, indicate dates of employment: From _____ to _____

List names of friends or relatives employed by Allcare Pharmacy (include relationship):

Requested Salary _____

Date Available to Begin Work _____

Days Available to Work _____

Hours Available to Work _____

PROFESSIONAL / TECHNICAL LICENSURE

Professional or Technical Specialty _____

License Number _____

Present License:

Issue Date _____ State _____

Expiration Date _____

Original Date of Licensure _____

Do you currently have any license restrictions? ☐ Yes ☐ No

If yes, explain: _____

PHYSICAL ABILITY

Are you able to perform the essential functions of the position with or without reasonable accommodation?

☐ Yes ☐ No

If no, explain what accommodation may be needed:

MILITARY SERVICE

Have you served in the U.S. Military? ☐ Yes ☐ No

If yes, list branch, dates of service, and rank:

CRIMINAL HISTORY

Have you ever been convicted of a crime (excluding minor traffic violations)? ☐ Yes ☐ No

If yes, list offense and date:

EDUCATION

High School _____ Year Completed _____ Diploma/GED ☐
Yes ☐ No

College / University _____ Degree _____ Year _____

Other Training or Certifications:

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent.

Employer _____ Phone _____
Address _____
Supervisor Name & Title _____
Position Held _____
Dates Employed From _____ To _____
Ending Pay _____
May we contact this employer? ☐ Yes ☐ No

Employer _____ Phone _____
Address _____
Supervisor Name & Title _____
Position Held _____
Dates Employed From _____ To _____
Ending Pay _____
May we contact this employer? ☐ Yes ☐ No

APPLICANT ACKNOWLEDGMENT & AUTHORIZATION

I understand that if employed by Allcare Pharmacy, my employment is at-will. This means that either I or Allcare Pharmacy may terminate the employment relationship at any time, with or without cause or notice.

I authorize Allcare Pharmacy to investigate my employment history, references, and other relevant background information. I release all parties from liability related to such inquiries.

I acknowledge that Allcare Pharmacy maintains a drug-free workplace and may require drug testing as permitted by law.

I certify that the information provided in this application is true and complete. I understand that any false or misleading information may result in disqualification from employment or termination if discovered later.

Applicant Signature _____ Date _____

Allcare Pharmacy and Compounding is an Equal Employment Opportunity Employer.