

APPLICATION FOR EMPLOYMENT

Date _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to race, age, color, religion, gender, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by Federal, State or local law.

PERSONAL BACKGROUND

Name _____ SSN _____
Last First M.I.

Current address: _____
Street City State/Zip

Phone (_____) _____ Referred by _____

Position applying for _____ Date you can start _____ Full time / Part time

Hours desired _____ Salary desired _____ Willing to work overtime? Yes No

Is there any reason we may not inquire of your present employer or prior employers? _____ If yes, please explain:

Have you ever applied to this company before? Yes No If "Yes", where? _____ when? _____

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Yes No
 (Verification and completion of Form I-9 must be submitted no later than three (3) business days after date of hire.)

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Yes No

Note: this question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and rehabilitation since the conviction(s): _____

EDUCATIONAL BACKGROUND	NAME & LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School	_____	9 10 11 12/GED	_____
College	_____	1 2 3 4	_____
Trade, Business or Graduate School	_____		_____

Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines).

WORK EXPERIENCE

(Please list your last three employers below. Start with your present or most recent place of employment.) You may include any verifiable work performed on a volunteer basis, internship or military service.

Date Month/Year	Name, address & phone of employer	Salary	Position	Name of supervisor	Reason for leaving
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					

REFERENCES

Please give the names of three (3) additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Telephone
1. _____		
2. _____		
3. _____		

APPLICANT’S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I understand that this application is not a contract, offer or promise of employment.

- Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if Dexter Pharmacy or Village Pharmacy II at any time should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be denied employment or, if employed, be discharged.
- Employment at Will:** If hired by Dexter Pharmacy or Village Pharmacy II, I agree to comply with all rules, regulations, policies and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause and with or without prior notice or warning to Dexter Pharmacy or Village Pharmacy II; I agree that Dexter Pharmacy and Village Pharmacy II also may terminate my employment at any time, with or without cause and with or without prior review, notice or warning.
- Limitation on Claims:** I agree that any lawsuit against Dexter Pharmacy or Village Pharmacy II and/or its agents arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
- Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. **Need for Accommodation:** If I, due to a physical or mental disability, require an accommodation to perform the job for which I may be selected, I understand that I must give Dexter Pharmacy or Village Pharmacy II written notice of that need within 182 days after I know, or reasonably should have known, that accommodation is needed. Failure to do so may bar me from alleging that Dexter Pharmacy or Village Pharmacy II has not accommodated me as required by law.
6. **Drug and Alcohol Testing:** I agree to provide Dexter Pharmacy or Village Pharmacy II with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests. I understand and agree that all initial substance screens will be at my personal cost. I further understand that I will be reimbursed for the expenses of the substance screen in the first check I receive after being hired.
7. **Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including, but not limited to, medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.
8. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any Dexter Pharmacy or Village Pharmacy II property I may be using, and any of my own property I bring onto Dexter Pharmacy or Village Pharmacy II's premises, may be inspected by Dexter Pharmacy or Village Pharmacy II at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against Dexter Pharmacy, Village Pharmacy II or any of their employees or agents relating to such inspection.

I agree that, except as directed otherwise in writing by Dexter Pharmacy or Village Pharmacy II, I will not disclose to anyone or use for my own purposes, any of Dexter Pharmacy or Village Pharmacy II's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to Dexter Pharmacy or Village Pharmacy II all material of any kind that I have relating to its business, including any such copies or notes.

I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.

9. **Consideration for Employment:** I agree to the above terms of employment if I am employed by Dexter Pharmacy or Village Pharmacy II. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of Dexter Pharmacy and Village Pharmacy II, and that no person in Dexter Pharmacy or Village Pharmacy II has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules and policies of Dexter Pharmacy and Village Pharmacy II are subject to exception or change at any time as decided by Dexter Pharmacy and Village Pharmacy II in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete and review my application and this certification, and I have knowingly and voluntarily signed below.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or résumé to the extent permitted by Federal, State or local law and I agree to complete any requisite authorization forms.* I release all parties from any liability arising out of this provision and the use of such information.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge such with my signature below.

Applicant name (please print)

Date

Applicant signature

*Federal law requires a separate release form when obtaining Consumer Credit Reports.

AUTHORIZATION AND WAIVER

This authorization and waiver is part of my written application for employment with Dexter Pharmacy and Village Pharmacy II.

I authorize all employers and educational institutions where I am, or have been, employed or enrolled, and all law enforcement agencies to disclose to Dexter Pharmacy and Village Pharmacy II any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to Dexter Pharmacy and Village Pharmacy II. I further authorize all educational institutions I have attended to disclose to Dexter Pharmacy and Village Pharmacy II any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of my diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to Dexter Pharmacy and Village Pharmacy II.

I understand that under Michigan’s Bullard-Plawecki Employee-Right-To-Know Act I am entitled to notice of the release of information from my personnel record, and I hereby specifically waive any such notice from any prior employer.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to Dexter Pharmacy or Village Pharmacy II, or to any employment decisions made by Dexter Pharmacy and Village Pharmacy II as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Applicant signature

Date