



**APPLICATION FOR EMPLOYMENT**

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Best mode of contact: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

	<b>Hours Available</b>						
	<b><u>S</u></b>	<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>	<b><u>S</u></b>
Hours/Shifts Available							

**Experience:**

Check all that apply:  Hospital  Retail  Home Health  LTC  Industry  
 Mail Order  Management  Other \_\_\_\_\_

If hired, can you provide genuine documentation to establish your identity and ability to be legally employed in the United States?  Yes  No

Other names under which you have been employed:

Can you perform the essential duties and functions of the job for which you are applying with or without a reasonable accommodation?  Yes  No

Are you willing to work in cities other than the one in which you live?  Yes  No  
 If "yes", which ones?

Minimum wage required?

Date Available?  Yes  No  
 Are you at least 18 years of Age?

## **EDUCATION**

Name and Location of School	Major Studies	Did you Graduate?	Degree or Diploma
High School		<input type="checkbox"/> yes <input type="checkbox"/> no	
College or University		<input type="checkbox"/> yes <input type="checkbox"/> no	
Business or other		<input type="checkbox"/> yes <input type="checkbox"/> no	
Internship		<input type="checkbox"/> yes <input type="checkbox"/> no	

Describe any special training or special education in the area you are applying (academic or business):

## **ADDITIONAL INFORMATION**

List state(s) where you are licensed:

Have there ever been or are there currently any threatened or pending investigations against you by any licensing board from which you hold a professional license?

yes  no

Are you currently, or have you ever been or has the government proposed that you be, excluded from participation in federal health care programs (e.g. Medicare, Medicaid)?

yes  no

Have you ever been named a defendant in a professional liability action?

yes  no

Have you ever been convicted of a crime other than a minor traffic violation?\*

yes  no

\*Driving under the influence is not a minor traffic violation. Exceptions due to state employment law: conviction(s) that have been sealed, expunged or eradicated and California Health & Safety Code §§11357 (b) & (c), 11360(c), 11364, 11365, 11550 marijuana convictions over 2 years, should not be revealed.

*If you responded "yes" to any of the above, please explain. Attach additional sheets if necessary:*

## **WORK HISTORY**

*Give past employment as completely as possible, starting with your present or latest employer; include summer employment and military service. Complete all applicable information and attach résumé if available.*

Employer		Dates and Salary
Company Name	Phone Number: _____	From (month/year) _____ To (month/year) _____
Address:	_____	_____
Name and Title of Supervisor	_____	Final Salary _____
Position	_____	_____
Responsibilities:	_____	_____
Reason for leaving:	-----	

Company Name	Phone Number: _____	From (month/year) _____ To (month/year) _____
Address:	_____	_____
Name and Title of Supervisor	_____	Final Salary _____
Position	_____	_____
Responsibilities:	_____	_____
Reason for leaving:	-----	

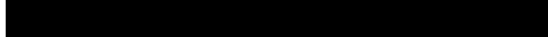
Company Name	Phone Number: _____	From (month/year) _____ To (month/year) _____
Address:	_____	_____
Name and Title of Supervisor	_____	Final Salary _____
Position	_____	_____
Responsibilities:	_____	_____
Reason for leaving:	-----	

Company Name	Phone Number: _____	From (month/year) _____ To (month/year) _____
Address:	_____	_____
Name and Title of Supervisor	_____	Final Salary _____
Position	_____	_____
Responsibilities:	_____	_____
Reason for leaving:	-----	

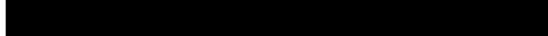
**REFERENCE DATA**

*Business or Professional references who are not relatives*

Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
How  
acquainted: \_\_\_\_\_



Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
How  
acquainted: \_\_\_\_\_



Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
How  
acquainted: \_\_\_\_\_

Rx Pro Health participates in the Department of Homeland Security's E-Verify Program for all new employees. This is in addition to Form I-9. For additional information on the program contact:  
Department of Homeland Security  
USCIS/SAVE Program  
111 Massachusetts Avenue, 2nd Floor  
Washington, DC 20001  
Phone (888) 464-4218

*Pre-employment drug testing policy*

In the interest of safety and to promote a safe and productive work environment, certain assignments with RxProHealth may require you to participate in a pre-employment drug test.

*Certification:*

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from consideration, and may be a violation of state law(s) that could result in civil penalties. The Company is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to the Company's client institutions. The Company may also share information regarding my employment with its affiliates and appropriate government or licensing entities; and send me employment opportunity-related information at fax numbers and email addresses I provide. I understand that the Company, certain states and/or Client institutions may require criminal background checks, and I consent to such checks. Prior to the Company conducting any background checks that qualify as consumer or investigative reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by the Company.

*Signature:* \_\_\_\_\_  
*Date:* \_\_\_\_\_