



We are an equal opportunity employer and do not discriminate against Any applicant because of race, color, religion, sex, sexual orientation,

Today's Date: _____ 20____

Application for Employment

PERSONAL DATA

Name: _____
Last First Middle

Current Address: _____
Street and Number (Include apt. or Rural Route Number; as Applicable)

Location: _____
City State Zip Code

Telephone: Days: _____ / _____ Evenings: _____ / _____
Area Code Number Area Code Number

Preferred Name (or Nickname): _____ Social Security No: _____ - _____ - _____

If hired, and under 18, can you furnish a Work Permit? Yes No I am over 18 years of age.

Are you a citizen of the United States? Yes No

If not a citizen, can you furnish proof of eligibility to work in the United States: Yes No

If applicable: Military Service Status: Active Inactive Reserve Branch _____

Do you have relatives/friends currently employed by the company? Yes No (If yes: name: _____)

How, or from whom did you learn about us? _____

Position/Type of work desired: (1) _____ (2) _____

EMPLOYMENT DATA

Date available for work: _____ Total hours available per week: _____ hours

Type of hours: Full Time Part time Days Evenings
 Regular Seasonal/ Temporary (Dates: From _____ to _____)

Will you work Overtime and /or Saturdays, if necessary? Yes No

Are there any days or hours you are unable or unwilling to work? Yes No

If "Yes": write specifics: _____

Do you have transportation to and from work? Yes No

What is the most amount of time you wish to spend commuting to work? _____

Will you travel? Yes No are you willing to relocate? Yes No

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EMPLOYMENT RECORD INFORMATION

Please COMPLETE IN FULL: even though you may have a Resume. (Include Voluntary Work/Jobs)

Name or Last Employer:

Company Name: _____

Employment Dates: _____ to _____

Type of Business: _____

Supervisor's Name: _____

Address: _____

Salary or Wage : _____

Title: _____

Reason for Leaving: _____

Phone Number: _____ / _____

Duties / Responsibilities: _____

Please COMPLETE IN FULL: even though you may have a Resume. (Include Voluntary Work/Jobs)

Previous Employer:

Company Name: _____

Employment Dates: _____ to _____

Type of Business: _____

Supervisor's Name: _____

Address: _____

Salary or Wage : _____

Title: _____

Reason for Leaving: _____

Phone Number: _____ / _____

Duties / Responsibilities: _____

Please COMPLETE IN FULL: even though you may have a Resume. (Include Voluntary Work/Jobs)

Previous Employer:

Company Name: _____

Employment Dates: _____ to _____

Type of Business: _____

Supervisor's Name: _____

Address: _____

Salary or Wage : _____

Title: _____

Reason for Leaving: _____

Phone Number: _____ / _____

Duties / Responsibilities: _____

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WORK / PERSONAL GOALS (Optional)

Outline your Goals. What would you like to be doing in the next few years?

SECURITY

Have you been convicted of a felony? Yes No

If "yes", provide details, including date, location (city), nature of offense(s) and disposition:

NOTE: A convicted record will not necessarily be a prohibition to employment. Applicants with a sealed record on file may answer "no record" to any inquiries about criminal charges.

MEDICAL

Employment in the position for which you have applied may be contingent upon completion of a company-paid physical examination that may include testing for the presence of illegal substances. If offered the position, are you willing to take and do you consent to, a physical examination? Yes No If "No" explain below:

SIGNATURE

READ CAREFULLY BEFORE SIGNING.

I understand that refusal to submit to the testing noted above, or a positive drug screen result, will eliminate any consideration for employment.

I also certify that the statements and information furnished by me, in this application, are true and correct. I understand that falsification of such statements and information is grounds for dismissal at any time the company becomes aware of the falsified information. In consideration of my employment, I agree to conform to the rules and regulations (including job description[s]) of the company and acknowledge that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the company or myself. I further understand that no Policy, Benefit or Procedure contained in any employee handbook creates and employment contract for any period of time and no terms of conditions of employment, contrary to the foregoing, should be relied upon; except for those made in writing by a designated Officer of the Company.

I agree and hereby authorize Med-Fast Pharmacy, Inc. to conduct a background inquires to verify the information on this Application and any other documentation that I have provided. I authorize all previous employers, or other persons who have knowledge of me, or my record, to release such information to Med-Fast Pharmacy, Inc. I hereby release those companies and persons and Med-Fast Pharmacy, Inc. from all claims or liabilities whatever that may arise by such disclosures or such investigation.

Date of Application

Signature of Applicant