



# EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

Date:

Name:

Last

First

Middle

Maiden

Present Address:

Number

Street

City

State

Zip

How Long:

Social Security No.:

Telephone:

If under 18, please list age:

Position Applied For:

Days/Hours Available to Work:

Salary Desired:

|         |       |      |       |
|---------|-------|------|-------|
| No Pref | _____ | Thur | _____ |
| Mon     | _____ | Fri  | _____ |
| Tue     | _____ | Sat  | _____ |
| Wed     | _____ | Sun  | _____ |

How many hours can you work weekly?

Can you work nights?

Employment Desired:

FULL-TIME ONLY    PART-TIME ONLY    FULL- OR PART-TIME

When available for work?

## EDUCATION & OTHER INFORMATION

| TYPE OF SCHOOL              | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NO. OF YEARS COMPLETED | MAJOR & DEGREE |
|-----------------------------|----------------|----------------------------------------|------------------------|----------------|
| <b>High School</b>          |                |                                        |                        |                |
|                             |                |                                        |                        |                |
| <b>College</b>              |                |                                        |                        |                |
|                             |                |                                        |                        |                |
| <b>Bus. or Trade School</b> |                |                                        |                        |                |
|                             |                |                                        |                        |                |
| <b>Professional School</b>  |                |                                        |                        |                |
|                             |                |                                        |                        |                |

Have you ever been convicted of a crime?

No

Yes



|                                                                                                                                                                                                                                                                                                                                         |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <p>If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.</p>                                                                                                                                     |                      |
| <p>Do you have a driver's license? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>                                                                                                                                                                                                      |                      |
| <p>What is your means of transportation to work?</p>                                                                                                                                                                                                                                                                                    |                      |
| <p>Driver's License Number:      State of issue: <span style="float: right;"><input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur</span></p>                                                                                                                                  |                      |
| <p>Expiration Date:</p>                                                                                                                                                                                                                                                                                                                 |                      |
| <p>Have you had any accidents during the past three years?</p>                                                                                                                                                                                                                                                                          | <p>How many?</p>     |
| <p>Have you had any moving violations during the past three years?</p>                                                                                                                                                                                                                                                                  | <p>How Many?</p>     |
| <p><b>OFFICE ONLY</b></p>                                                                                                                                                                                                                                                                                                               |                      |
| <p>Typing    <input type="checkbox"/> Yes                      10-key <input type="checkbox"/> Yes      Word            <input type="checkbox"/> Yes<br/>                    <input type="checkbox"/> No      _____ WPM                      <input type="checkbox"/> No      Processing <input type="checkbox"/> No      _____ WPM</p> |                      |
| <p>Personal Computer    <input type="checkbox"/> Yes      PC    <input type="checkbox"/><br/>                                        <input type="checkbox"/> No      Mac    <input type="checkbox"/></p>                                                                                                                               | <p>Other Skills:</p> |
| <p><b>Please list two references other than relatives or previous employers.</b></p>                                                                                                                                                                                                                                                    |                      |
| <p>Name:</p>                                                                                                                                                                                                                                                                                                                            | <p>Name:</p>         |
| <p>Position:</p>                                                                                                                                                                                                                                                                                                                        | <p>Position:</p>     |
| <p>Company:</p>                                                                                                                                                                                                                                                                                                                         | <p>Company:</p>      |
| <p>Address:</p>                                                                                                                                                                                                                                                                                                                         | <p>Address:</p>      |
| <p>Telephone:</p>                                                                                                                                                                                                                                                                                                                       | <p>Telephone:</p>    |
| <p><b>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.</b></p>                                              |                      |
|                                                                                                                                                                                                                                                                                                                                         |                      |
|                                                                                                                                                                                                                                                                                                                                         |                      |
|                                                                                                                                                                                                                                                                                                                                         |                      |
|                                                                                                                                                                                                                                                                                                                                         |                      |
|                                                                                                                                                                                                                                                                                                                                         |                      |



| MILITARY                                                                                                                       |                                                                                                                                                                                                    |                  |        |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|
| Have you ever been in the armed forces?                                                                                        |                                                                                                                                                                                                    |                  |        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                                                                                                                                                                                                    |                  |        |
| Are you now a member of the national guard?                                                                                    |                                                                                                                                                                                                    |                  |        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                                                                                                                                                                                                    |                  |        |
| Specialty                                                                                                                      | Date Entered                                                                                                                                                                                       | Discharge Date   |        |
| <b>Work Experience</b>                                                                                                         | Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b> |                  |        |
| Job One                                                                                                                        |                                                                                                                                                                                                    |                  |        |
| Name of Employer:                                                                                                              | Name of Last Supervisor                                                                                                                                                                            | Employment Dates | Salary |
| Complete Address:                                                                                                              |                                                                                                                                                                                                    | From:            | Start: |
|                                                                                                                                |                                                                                                                                                                                                    | To:              | Final: |
| Phone Number:                                                                                                                  | Your Last Job Title:                                                                                                                                                                               |                  |        |
| Reason for Leaving (be specific):                                                                                              |                                                                                                                                                                                                    |                  |        |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |
| Job Two                                                                                                                        |                                                                                                                                                                                                    |                  |        |
| Name of Employer:                                                                                                              | Name of Last Supervisor:                                                                                                                                                                           | Employment Dates | Salary |
| Complete Address:                                                                                                              |                                                                                                                                                                                                    | From:            | Start: |
|                                                                                                                                |                                                                                                                                                                                                    | To:              | Final: |
| Phone Number:                                                                                                                  | Your Last Job Title:                                                                                                                                                                               |                  |        |
| Reason for Leaving (be specific):                                                                                              |                                                                                                                                                                                                    |                  |        |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |
|                                                                                                                                |                                                                                                                                                                                                    |                  |        |



| Job Three                                                                                                                      |                          |                  |        |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|--------|
| Name of Employer:                                                                                                              | Name of Last Supervisor: | Employment Dates | Salary |
| Complete Address:                                                                                                              |                          | From:            | Start: |
|                                                                                                                                |                          | To:              | Final: |
| Phone Number:                                                                                                                  | Your Last Job Title:     |                  |        |
| Reason for Leaving (be specific):                                                                                              |                          |                  |        |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                          |                  |        |
|                                                                                                                                |                          |                  |        |
|                                                                                                                                |                          |                  |        |
|                                                                                                                                |                          |                  |        |
|                                                                                                                                |                          |                  |        |
|                                                                                                                                |                          |                  |        |
|                                                                                                                                |                          |                  |        |
| May we contact your present employer?                                                                                          |                          |                  |        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                          |                  |        |
| Did you complete this application yourself?                                                                                    |                          |                  |        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                          |                  |        |
| If not, who did?                                                                                                               |                          |                  |        |



**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by WCRx Health (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of WCRx Health or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and WCRx Health may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of Applicant**

**Date:**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
|-------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>Height:</b><br>ft.      in.                                          |                      | <b>Weight:</b>                                                                                                                                                     |                          | <b>Birth Date:</b>                                                                                      |  |
| <b>Married</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | <b>If Married, How Long?</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |                          |                                                                                                         |  |
| <b>Full Name of Spouse</b>                                              |                      |                                                                                                                                                                    | <b>Spouse Occupation</b> |                                                                                                         |  |
| <b>Name of Company</b>                                                  |                      |                                                                                                                                                                    | <b>Telephone:</b>        |                                                                                                         |  |
| <b>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>                       |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>Name:</b>                                                            |                      |                                                                                                                                                                    | <b>Telephone:</b>        |                                                                                                         |  |
| <b>Address:</b>                                                         |                      |                                                                                                                                                                    | <b>Relationship:</b>     |                                                                                                         |  |
| <b>FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS</b>                 |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>Name:</b>                                                            | <b>Relationship:</b> | <b>Birth Date:</b>                                                                                                                                                 | <b>SSN:</b>              |                                                                                                         |  |
|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
|                                                                         |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>TO BE COMPLETED BY EMPLOYER</b>                                      |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>Date of Employment:</b>                                              |                      | <b>Job Title:</b>                                                                                                                                                  |                          | <b>Dept.:</b>                                                                                           |  |
| <b>Location:</b>                                                        |                      | <b>Rate of Pay:</b>                                                                                                                                                |                          | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried |  |
| <b>Applicant's signature acknowledging above information</b>            |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>Drug Test Confirmation Number:</b>                                   |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>Name of Person Verifying Information:</b>                            |                      |                                                                                                                                                                    |                          |                                                                                                         |  |
| <b>Name of Person Authorizing Employment:</b>                           |                      |                                                                                                                                                                    |                          |                                                                                                         |  |