



**MAXOR NATIONAL PHARMACY SERVICES CORP**  
**EMPLOYMENT APPLICATION**  
**An Equal Opportunity/Affirmative Action Employer**

**Please Print**

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Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Present Address

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No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from present address)

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No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**Employment Desired**

Position applying for: \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

Minimum Wage/Salary Expected: \_\_\_\_\_

Have you applied with Maxor before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked for Maxor before?  Yes  No If yes, when? \_\_\_\_\_

Are you available to work: Weekends  Yes  No Evenings  Yes  No  
 Rotating Shifts  Yes  No Holidays  Yes  No

**Personal Information**

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. If you need a copy of the job description for which you are applying, please email HR at [hr@maxor.com](mailto:hr@maxor.com). Hire may be subject to passing a medical examination, and to skill and agility tests.)

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**Criminal Convictions**

Have you ever been convicted of or pled no contest (nolo contendere) to any crime that would constitute a criminal offense (felony or misdemeanor)?  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case (list even if your record has been expunged or cleared).

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

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**Credential Information**

RPh #: \_\_\_\_\_ CPhT#: \_\_\_\_\_ State Registration: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Other (specify): \_\_\_\_\_

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**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
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High School	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/ University	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/ University	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Vocational/ Business	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name & Title \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
From To Starting Ending

Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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Name of Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name & Title \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
From To Starting Ending

Your Position and Duties \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name & Title \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
From To Starting Ending

Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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**Equal Employment Opportunity (EEO)/Affirmative Action Data**

Maxor is an equal employment opportunity/affirmative action employer and does not discriminate based on race, color, religion, national origin, gender, age, veteran status, disability, or any classification protected by law. The information below will be used only to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. **Submission of this information is voluntary and will not become part of the hiring process.** If you are employed by Maxor, this information will not become part of your permanent record.

**Gender:**  Female  Male

**Race/Ethnicity:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify)

- Hispanic or Latino-(This category includes all employees who answers YES to the question-are you Hispanic or Latino?)  Native Hawaiian or Other Pacific Islander-(Not Hispanic or Latino)
- White (Not Hispanic or Latino)  Asian-(Not Hispanic or Latino)
- Black or African American-(Not Hispanic or Latino)  American Indian or Alaska Native-(Not Hispanic or Latino)
- Two or More Races-(Not Hispanic or Latino)

**How did you hear of our opening?**

- Current Employee  Newspaper Ad
- Maxor Website  Other Website
- Recruiter  Other – Explain \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize Maxor National Pharmacy Services Corp (“Maxor”), to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Maxor any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Maxor, my former employers and all other persons, corporations, partnerships and associations from any and all claims, liabilities rising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which be granted or during my employment, if hired, is intended to create an employment contract between Maxor and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Maxor and that no promises or representations contrary to the foregoing are binding on Maxor unless made in writing and signed by me and Maxor’s designated representative.

\_\_\_\_\_  
Initials I understand that all offers of employment with Maxor are contingent upon satisfactory results of a background check, including licensure/registration verification (if applicable), criminal history, references, and a pre-employment drug screen.

\_\_\_\_\_  
Initials I understand that in the event of an offer of employment, I will be responsible for providing proof of eligibility for employment in the United States within three (3) days of employment. Failure to provide this proof will result in the termination of my employment.

I, the undersigned, have made application for employment with Maxor National Pharmacy Services Corp and by my signature acknowledge understanding all the statements made as part of this application. I hereby authorize all previous employers, law enforcement agencies, and other references to give to Maxor any and all information and opinions concerning my previous employment, education, or any other information you might have, personal or otherwise, with regard to my employment. In consideration of your furnishing this information to Maxor on my behalf, I release you AND AGREE TO HOLD YOU HARMLESS from all liability for damages (actual, consequential, or otherwise) which may result from furnishing such information to Maxor.

I have read and understand this statement. My typed name below shall have the same force and effect as my written signature.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_