



EMPLOYMENT APPLICATION

An applicant who requires a reasonable accommodation in the application process may obtain such an accommodation by contacting the Human Resources Department.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First M.I.

Address: _____ Telephone: () _____
Number & Street City State Zip

Have You Ever Applied For Employment With Us? _____ Have You Worked Here Previously? _____
If Yes, Give Dates If Yes, Give Dates

Have you ever been convicted of and/or plead guilty or no contest to a violation of the criminal law, including offenses resulting in a deferred adjudication sentence? _____ If yes, please explain: _____

Note: Criminal convictions will be considered in relation to the specific requirements of the position for which you are applying.

GENERAL INFORMATION

Position(s) For Which You Are Applying: _____

Availability (check all that apply): Full-time _____ Part-time _____ Per Diem _____

Date Available For Employment: _____ Minimum Salary/Hourly Wage Expected: _____

Are you available to work:

Weekends _____ Yes _____ No Holidays _____ Yes _____ No

Rotating Shifts _____ Yes _____ No Evenings _____ Yes _____ No

MILITARY SERVICE

Describe Your Duties And Training Received Relevant To The Position You Seek With Us: _____

Branch Of Service: _____ Rank At Discharge: _____

CREDENTIAL INFORMATION

RPh: _____ CPhT: _____ State Registration: _____

Expiration Date: _____ OTHER (specify): _____

EMPLOYMENT HISTORY

Incomplete applications will be rejected. Start with your most recent employment and cover full disposition of your time whether employed or not. All relevant employment information must be provided on the application. A resume may also be included. Give correct locations and phone numbers of previous employers. If necessary, additional information may be attached on a separate sheet.

Present or Most Recent Employer: _____	Dates of Employment ____/____/____ to ____/____/____
Name/Title of Supervisor: _____	City, State _____ Telephone () _____
Job Title: _____	Description of Duties: _____

Final Rate of Pay: _____	Reason for leaving: _____
May we contact this employer? Yes _____ No _____	

Employer Name: _____	Date of Employment ____/____/____ to ____/____/____
Name/Title of Supervisor: _____	City, State _____ Telephone: () _____
Job Title: _____	Description of Duties: _____

Final Rate of Pay: _____	Reason for leaving: _____
May we contact this employer? Yes _____ No _____	

Employer Name: _____	Date of Employment: ____/____/____ to ____/____/____
Name/Title of Supervisor: _____	City, State _____ Telephone: () _____
Job Title: _____	Description of Duties _____

Final Rate of Pay: _____	Reason for leaving: _____
May we contact this employer? Yes _____ No _____	

Employer Name: _____	Employment Dates ____/____/____ to ____/____/____
Name/Title of Supervisor: _____	City, State _____ Telephone: () _____
Job Title: _____	Decsription of Duties _____

Final Rate of Pay: _____	Reason for leaving: _____
May we contact this employer? Yes _____ No _____	

EDUCATION

SCHOOL NAME	CITY, STATE	DID YOU GRADUATE?	DEGREE EARNED/SUBJECTS STUDIED
High School or G.E.D. Program			
College or University			
Trade, Correspondence or Business School			

MAXOR NATIONAL PHARMACY SERVICES CORPORATION is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, national origin, gender, age, marital or veteran status, medical conditions, disabilities or other factors not related to the available position. No question on this application is intended to secure information to be used for such discrimination.

A completed application will be given every consideration, but its receipt does not imply an applicant will be interviewed or employed. This application is not an employment contract.

In processing this application, Maxor and its representatives may contact former employers, educational institutions, government agencies, references and other relevant third parties to obtain additional information related to the information given by you. Maxor may provide such information to its affiliates, officers, employees, agents, and other third parties. By signing below, you hereby request, release and consent to the release and disclosure of such information. Further, by signing below you release and hold harmless Maxor, its affiliates, officers, employees, agents, and any other third parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to you presently, that you may have, now or in the future. 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 drug and/or alcohol screen.

In the event of an offer of employment, you will be asked to provide proof of eligibility for employment in the United States within three (3) days of employment. Failure to provide such proof will result in your immediate termination.

The information you present in this application must be complete, true and correct to the best of your knowledge. Any falsification, misrepresentation, or omission could result in the denial of your application, withdrawal of any offer of employment, or immediate termination.

Maxor National Pharmacy Services Corporation follows an employment at-will policy and if employed, you or Maxor may terminate the employment relationship at any time, with or without cause, for any reason consistent with applicable laws.

Submitting this application indicates you have read and understand the above statements. Please ask a Maxor representative for assistance if you have questions regarding the information. Incomplete or unsigned applications will not be considered.

SIGNATURE

DATE



EMPLOYMENT VERIFICATION FORM

Applicant: Please complete boxed area only.

APPLICANT CONSENT AND RELEASE

I, the undersigned, have made application for employment with MAXOR NATIONAL PHARMACY SERVICES CORPORATION. I hereby authorize you to give to MAXOR NATIONAL PHARMACY SERVICES CORPORATION any information concerning my previous employment which is on record or otherwise. I hereby release the individual, company or institution and all individuals connected therewith, including Maxor National Pharmacy Services, Corp, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signed: _____ Social Security Number: _____

Print Name: _____ Date: _____

To Whom It May Concern:

The above named applicant is being considered for employment with MAXOR NATIONAL PHARMACY SERVICES CORP. The applicant has listed you or your organization as a former employer. In accordance with the release signed by the applicant above, please provide the information requested and return this form to us via fax or mail.

Maxor National Pharmacy Services Corporation
Secure Fax: (806) 324-5595
Or mail to: 320 S. Polk St., Suite 200 Attn: Human Resources
Amarillo, TX 79101

Name of Applicant: _____ Social Security Number: _____

Name of Former Employer: _____ Dates of Employment: _____ to _____

Position Held: _____ Reason Employment Ended: _____

If the Applicant voluntarily resigned, did he/she provide adequate notice? _____ Yes _____ No

Is the Applicant eligible for rehire with your organization? _____ If no, why not? _____

Please rate the Applicant in each of the following areas by circling the appropriate response for each criteria:

- | | | | | | |
|--------------|-----------|------|---------|---------------|------|
| • Job Skill | Excellent | Good | Average | Below Average | Poor |
| • Initiative | Excellent | Good | Average | Below Average | Poor |
| • Attendance | Excellent | Good | Average | Below Average | Poor |
| • Conduct | Excellent | Good | Average | Below Average | Poor |

Comments:

Signature: _____ Title: _____

Phone Number: () _____ Date: _____

