



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

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**Personal Information**

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

Present Address

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

Permanent Address (if different from present address)

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

\_\_\_\_\_  
Mobile Phone

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

\_\_\_\_\_  
E-mail Address

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**General Information**

Position for which you are applying for: \_\_\_\_\_

Date Available for Employment \_\_\_\_\_ Availability: ☐ Full time ☐ Part time ☐ Per Diem

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

Have you ever applied to or worked for us before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Are you available to work: Weekends ☐ Yes ☐ No Evenings ☐ Yes ☐ No

Rotating Shifts ☐ Yes ☐ No Holidays ☐ Yes ☐ No

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**Military Leave**

Describe your duties and training received relevant to the position you seek with us: \_\_\_\_\_

\_\_\_\_\_  
Branch of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

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**Credential Information**

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

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

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**Criminal Convictions**

Have you ever plead guilty to and or/been convicted of a criminal offense including a felony *OR* a misdemeanor including offenses resulting in a deferred adjudication? ☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_  
(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 position(s) applied for may, however, be considered.)

Education, Training and Experience				
School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
	Name			
	_____			
College/ University	Address			
	_____			
	City, State, Zip			
College/ University	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
	Name			
	_____			
College/ University	Address			
	_____			
	City, State, Zip			
Vocational/ Business	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
	Name			
	_____			
Vocational/ Business	Address			
	_____			
	City, State, Zip			
Health Care Training	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
	Name			
	_____			
Health Care Training	Address			
	_____			
	City, State, Zip			

## 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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Present /Most Recent Employer: \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_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 for a reference? ☐ Yes ☐ No

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Present /Most Recent Employer: \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_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 for a reference? ☐ Yes ☐ No

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Present /Most Recent Employer: \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_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 for a reference? ☐ Yes ☐ No

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Present /Most Recent Employer: \_\_\_\_\_ Employment Dates \_\_\_\_/\_\_\_\_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 for a reference? ☐ Yes ☐ No

How did you hear of our opening?

- ☐ Current Employee \_\_\_\_\_ ☐ Newspaper Ad  
☐ Maxor Website ☐ Other Website \_\_\_\_\_  
☐ Recruiter  
☐ Social Media (twitter, Facebook, etc.) \_\_\_\_\_ ☐ 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: \_\_\_\_\_

**Equal Opportunity Employment (EOE) /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 record-keeping 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)

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

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