

Dear Applicant:

We are pleased that you are interested in employment at Bi-Mart! To be considered for possible employment, applications must be accompanied by a signed and dated summary of the position for which you are applying. Please review the position summary thoroughly before completing this application. This Application for Employment will be considered "active" for one (1) month from the date signed.

Bi-Mart is strongly committed to providing a safe and productive work environment for its employees and to providing excellent service to its customers. As a part of the hiring process, all applicants considered for employment are required to submit to and pass a drug test.

INSTRUCTIONS

- PLEASE ANSWER **ALL** QUESTIONS TO THE BEST OF YOUR ABILITY.
- **PRINT** LEGIBLY WITH AN **INK PEN** (OR YOU MAY TYPE THE ANSWERS IF YOU ARE COMPLETING AN ONLINE APPLICATION).
- **DO NOT** LEAVE BLANK SPACES—PRINT **N/A** (NOT APPLICABLE) WHEN NECESSARY.

AREA OF INTEREST & AVAILABILITY

POSITION SOUGHT: _____

FULL TIME PART-TIME TEMPORARY/SEASONAL

Have you previously applied for employment at Bi-Mart? YES NO

When? _____ For what position? _____ What location? _____

PAY EXPECTED: \$ _____ If "Negotiable", enter range: _____ Date you can start: _____

WE OPERATE 7-DAYS PER WEEK. PLEASE INDICATE WHAT HOURS YOU CAN WORK. WRITE "ANY" IF YOU ARE AVAILABLE ALL HOURS.

AVAILABLE HOURS: MON: _____ TUE: _____ WED: _____ THU: _____ FRI: _____ SAT: _____ SUN: _____

REFERRED BY: NEWSPAPER AD: _____ SCHOOL: _____ INTERNET: _____
(CHECK ONE) (Specify) (Specify) (Specify)

STORE ANNOUNCEMENT: COMPANY RECRUITER: OTHER (Explain): _____

PERSONAL INFORMATION

FULL NAME: _____ SS#: _____
(LAST) (FIRST) (FULL MIDDLE)

ALL OTHER LAST NAMES USED: _____ NICKNAME(S): _____

CONTACT INFORMATION: HOME PHONE #: _____ WORK PHONE #: _____
CELL PHONE #: _____ E-MAIL ADDRESS: _____

CURRENT MAILING ADDRESS: _____ **HOW LONG?** _____
(NO. & STREET) (CITY) (STATE) (ZIP CODE) (IF LESS THAN 3 YRS. PLEASE PROVIDE PREVIOUS ADDRESS)

CURRENT STREET ADDRESS: _____
(NO. & STREET) (CITY) (STATE) (ZIP CODE)

PREVIOUS STREET ADDRESS: _____ **HOW LONG?** _____
(NO. & STREET) (CITY) (STATE) (ZIP CODE)

AGE INFORMATION: ARE YOU 18 OR OLDER? YES: NO: IF HIRED, CAN YOU PROVIDE PROOF OF YOUR AGE? YES: NO:

DRIVER'S LICENSE OR STATE ISSUED ID: YES: NO: STATE: _____ NUMBER: _____ EXP. DATE: _____
(MM/DD/YYYY)

CITIZENSHIP: CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO REMAIN AND WORK IN THE U.S.A.? YES: NO:

PREVIOUSLY EMPLOYED BY BI-MART?: YES: NO: IF YES, WHAT LOCATION/DEPT.: _____
NAME OF SUPERVISOR: _____ DATES EMPLOYED: _____
JOB TITLE: _____ SUPERVISOR: _____ EMPLOYED: _____

RELATIVE/FRIENDS CURRENTLY EMPLOYED BY BI-MART?: YES: NO: IF YES, NAME: _____ RELATIONSHIP: _____
LOCATION/DEPARTMENT: _____

EDUCATION

SCHOOLS ATTENDED	CIRCLE HIGHEST GRADE COMPLETED	WHAT NAME(S) ARE RECORDS UNDER?	DIPLOMA OR GED YES (✓) NO (✓)
LAST JR. HIGH/MIDDLE SCHOOL:	1 2 3 4 5 6 7 8		
(City) (State)			
LAST HIGH SCHOOL:	9 10 11 12		
(City) (State)			

COLLEGE/UNIVERSITY OR TECHNICAL/TRADE OR MILITARY SCHOOLS ATTENDED: <small>(Include City and State)</small>	WHAT NAME(S) ARE RECORDS UNDER?	DEGREE OR CREDITS RECEIVED	MAJOR(S)
NAME:			
(City) (State)			
NAME:			
(City) (State)			

LIST ANY CURRENT LICENSES/CERTIFICATES/REGISTRATIONS: _____

Are you currently attending school? NO YES Hours / Days attending: _____

WORK EXPERIENCE

LIST YOUR MOST RECENT JOB FIRST—APPLICANTS MUST PROVIDE A COMPLETE RECORD OF **ALL EMPLOYMENT IN THE LAST 15 YEARS** INCLUDE MILITARY SERVICE. AND INDICATE DATES AND REASONS FOR PERIODS OF UNEMPLOYMENT IN EXCESS OF THIRTY (30) DAYS. **USE ADDITIONAL SHEETS IF NEEDED.**

# 1	DATE EMPLOYED (Month & Year)	COMPANY/ORGANIZATION (Complete Name & Address)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT
	/ MO (FROM) YR (TO) MO YR TYPE OF BUSINESS? <input style="width: 100%; height: 20px;" type="text"/>	(Name) (Street address) (City) (State) (Zip)		

HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY		NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR
		AT START	UPON LEAVING			
						NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

# 2	DATE EMPLOYED (Month & Year)	COMPANY/ORGANIZATION (Complete Name & Address)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT
	/ MO (FROM) YR (TO) MO YR TYPE OF BUSINESS? <input style="width: 100%; height: 20px;" type="text"/>	(Name) (Street address) (City) (State) (Zip)		

HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY		NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR
		AT START	UPON LEAVING			
						NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

WORK EXPERIENCE CONTINUED

#3	DATE EMPLOYED (Month & Year) MO / YR MO / YR (FROM) (TO)	COMPANY/ORGANIZATION (Complete Name & Address) _____ _____ _____ (Name) _____ _____ (Street address) _____ _____ (City) (State) (Zip)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT
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HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY		NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR
		AT START	UPON LEAVING			NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

#4	DATE EMPLOYED (Month & Year) MO / YR MO / YR (FROM) (TO)	COMPANY/ORGANIZATION (Complete Name & Address) _____ _____ _____ (Name) _____ _____ (Street address) _____ _____ (City) (State) (Zip)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT
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HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY		NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR
		AT START	UPON LEAVING			NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

#5	DATE EMPLOYED (Month & Year) MO / YR MO / YR (FROM) (TO)	COMPANY/ORGANIZATION (Complete Name & Address) _____ _____ _____ (Name) _____ _____ (Street address) _____ _____ (City) (State) (Zip)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT
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HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY		NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR
		AT START	UPON LEAVING			NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

- USE ADDITIONAL SHEETS IF NEEDED -

ABILITIES

After reviewing the position summary for the job(s) for which you are applying, do you believe that you can perform all of the functions listed? YES NO

If no to the above, please identify any functions of the job which you are unable to perform and describe how you might be able to perform the job with reasonable accommodation(s):

BACKGROUND

TERMINATION: Have you ever been discharged or asked to resign from a job?

YES NO If yes, please explain: _____

***CONVICTIONS:** Have you ever been convicted by a criminal or military court of a felony or misdemeanor, including criminal traffic and criminal non-traffic offenses?

YES NO If yes, please explain: _____

*In most cases, a conviction is not an automatic bar from employment.

SKILLS AND INTERESTS

DO NOT include the names of clubs, organizations, associations, etc., which indicate the race, creed, religion, age, national origin, political views or any other protected class of it's members.

List outside activities while in school (athletics, clubs, offices held):

Related hobbies/interests:

List technical/occupational skills (include level of proficiency):

Personal aptitudes/interests:

Career aims/goals:

COMMENTS

MAKE ANY ADDITIONAL COMMENTS YOU WISH IN THE SPACE BELOW:

ACCEPTANCE

It is the policy of Bi-Mart to recruit, employ, transfer, develop and promote individuals without regard to race, national origin, ancestry, religion, age, sex, gender identity, marital status, disability, or any other protected class as provided by law.

1. I declare that all statements and answers herein are true and complete, and understand that any untruth, misleading answer, omission, concealment, or failure to answer questions fully, completely, and accurately are grounds for termination of my employment.
2. I authorize Bi-Mart at any time to investigate my references, to communicate with former employers concerning same, and to make an independent investigation of my character, conduct, employment, criminal, financial, and driver's records.
3. I agree that Bi-Mart, my previous employers and any other sources used in this investigation shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements or answers in this application or any other information gained in this investigation.
4. I agree to return all company records, equipment, and uniforms upon termination of employment.
5. I understand that this application for employment is not a contract of employment. All employment at Bi-Mart is strictly "Employment At Will" which means that an employee may voluntarily end his/her employment at any time with or without notice for any reason, and the company maintains the same right. This relationship cannot be modified by anyone other than in writing by the Senior Vice President of Human Resources or the President of the Company. Any representations by any other person contrary to the "Employment At Will" Doctrine, either verbal or written, shall not be relied upon by any employee.

(SIGNATURE OF APPLICANT)

DATE

**BUSINESS OFFICE AND DISTRIBUTION CENTER
220 S. SENECA RD. • P.O. BOX 2310 • EUGENE, OREGON 97402
PHONE 541/344-0681 • FAX 800/333-8967**

INTERN PHARMACIST

Position Overview

Performs as a pharmacy intern under the direction and supervision of the pharmacy preceptor. Follows company and pharmacy policies and procedures. Works as part of the pharmacy team and efficiently and accurately serves customers. Interfaces with health care professionals. Shows a high regard for patient care and safety. Practices good interpersonal skills with others.

- Reports to: Pharmacy Manager or Staff Pharmacist
- Coordinates with: Regional Pharmacy Manager, Vice President of Pharmacy Operations, staff pharmacists, pharmacy technicians, pharmacy clerks, store management, area coordinators, pharmacists, and administrative staff.

Essential Job Functions

- Responsible for achieving and maintaining a level of satisfaction and friendliness, which exceeds that found in competing retail environments.
- Work as a team with store and pharmacy management, area coordinators and coworkers.
- Receive prescriptions, consult with prescriber and patient, accurately and quickly fill and label prescriptions as designated by prescriber in a professional manner and in compliance with local, state, and federal regulations.
- Assist in the in-stock position of pharmacy and OTC merchandise and promotional merchandise according to company standards.
- Assist in maintaining inventory at budgeted levels.
- Assist in maintaining a high degree of awareness for internal and external theft, waste and inaccuracies.
- Assist in the adherence to and accuracy of the cash handling, check acceptance, and accounting systems in the pharmacy.
- Responsible for maintaining a safe working environment.
- Assist in controlling all pharmacy expenses.
- Assist in achieving sales objectives.
- Assist in the maintenance of the pharmacy physical assets.

Physical Requirements

Occasionally = up to 1/3 shift

Frequently = up to 2/3 shift

Continuously = throughout shift

- Standing: Continuously in combination with walking on hard surface.

- Sitting: 0% of the time.
- Walking: Continuously in combination with standing.
- Worker Mobility: Can change positions frequently throughout work shift.
- Carry/Lift: Independently work with 0-25 pounds depending on product and materials being worked with.
- Pushing/Pulling: Occasionally push/pull merchandise on hand trucks or stocking carts. Continuously and independently push/pull single case lots or items while stocking or moving merchandise across the counter.
- Bending/Squatting: Frequently throughout work shift while operating register/bagging merchandise, reaching or stocking merchandise and supplies, and cleaning.
- Reaching/Handling: Use of fingers/hands/arms continuously. Frequent overhead reaching needed for higher shelf stocking and retrieving.
- Grasping/Squeezing: Frequently.
- Twisting: Frequently.
- Climbing: Occasionally climb ladders to reach higher shelf areas. Occasionally climb stairs to reach stock/supply areas, etc.
- Crawling: 0% of time.

Social Skill Requirements

- Ability to positively interact with others.
- Ability to communicate well verbally and in writing using the English language.
- Ability to involve, motivate, and lead others.
- Ability to respond sensitively to patient needs and/or situations.
- Ability to continuously interact in a positive manner with multiple patients and employees face-to-face, and people over the phone.

Aptitude Requirements

- Must be able to read English and write it legibly.
- Able to perform basic and intermediate math functions.
- Must have cognitive skills including ability to analyze, reason, and make decisions.
- Must have ability to organize and coordinate multiple tasks with attention to detail.

- Must be able to perform in a reliable and confident manner.
- Must be able to learn and retain new skills.

Certification/Licensing Requirements

- Must be licensed or meet intern requirement with the State Board of Pharmacy of the state in which the practice of pharmacy is conducted.

Environmental Factors

- Work is performed in store.
- Frequent exposure to outside elements.
- Continual risk of exposure to chemicals and/or compounds.

This position summary covers most of the duties performed, however, other duties and responsibilities not listed may be assigned at the discretion of management.

After reviewing this position summary, can you perform all of the functions listed? Yes No

If no to the above, please identify any functions that you are unable to perform:

I verify that I have thoroughly reviewed the position summary for Intern Pharmacist and that I understand the job requirements and essential job functions.

Signature: _____ Date: _____

Print Name: _____