



## Employment Application

Parsons Drug Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, or disability. Your opportunity for employment is solely based upon qualifications.

**Date of Application:** \_\_\_\_\_

### Personal Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Emergency Contact**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Are you under 18 years of age?**    Yes            No

**If hired, can you furnish proof that you are eligible to work in the United States?**    Yes            No

### **Driver's License or ID Information:**

**ID Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Have you ever applied for employment at Parsons Drug Company?**    Yes            No

**Have you ever been employed by Parsons Drug Company?**    Yes            No

If yes, please furnish dates \_\_\_\_\_

### Position Information

**Position Applied For:** \_\_\_\_\_

**Please indicate the type of employment you desire:**    Full Time    Part Time    Seasonal    Temporary

**Please give the date you will be available for work:** \_\_\_\_\_

**What days are you available to work?** \_\_\_\_\_

What hours are you available to work? \_\_\_\_\_

Will you work overtime and/or weekends if required for this position?      Yes      No

Will you travel if the job requires you to do so?      Yes      No

Do you have the ability to perform each of the specific functions of the job being sought? Yes      No

**Security Information**

Have you ever been convicted of a felony?      Yes      No

Have you ever been convicted of a misdemeanor?      Yes      No

Are you presently formally charged with committing a criminal offense?      Yes      No

Have you ever knowingly used any controlled substances other than those prescribed to you by a prescriber?      Yes      No

If you responded yes to any of the questions above, please provide details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education Information**

School/Training	Name/Location	Years Completed	Course of Study	Diploma/Degree
High School or Last Grade Completed				
College				
Business, Technical, Trade, or Vocational				
Other Post-Graduate, Military Training, or Special Courses				

**Professional Information**

Professional License or Technical Specialty: \_\_\_\_\_

License Number: \_\_\_\_\_      State: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had your professional or technical license revoked?    Yes            No

**Employment History Information**

**Present Employer or Most Recent**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

**Employer**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

**Employer**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

## References

Please list business references. If you do not have business references, then list school or personal references. Please avoid listing relatives.

Name	Occupation	Phone/Email	Years Known

## Important Information—Please Read

I understand that if I am employed by Parsons Drug Company that I would be entering into a termination-at-will relationship. I understand that means that my employment is not for a stated period that I may be terminated whenever it is in Parsons Drug Company's best interest. I understand that I may be terminated at any time with or without cause. I understand that no one can make any oral statements or promises regarding job tenure or job security, which are contrary to the above written declarations of company policy regarding termination-at-will.

I authorize Parsons Drug Company to inquire of my former employers, all references and companies noted herein, appropriate credit bureaus, local police departments, registrars of motor vehicles and other state and federal bureaus and departments concerning my past employment character and to obtain a copy of my motor vehicle record. I release and discharge any party delivering information to Parsons Drug Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges or causes of action which I might have as the result of the delivery or disclosure of such information.

I acknowledge that Parsons Drug Company has a "drug-free workplace policy." I agree, as a condition of continuing employment, that I will not engage in the unlawful manufacture, use, possession, sale, or distribution of controlled substances. I understand that violation of this policy may result in immediate termination of employment. I further agree to submit to drug testing or screening as permitted by law and required by Parsons Drug Company.

I certify this application was completed by me, and that all information in it is true and complete to the best of my knowledge. I understand that I will be subject to dismissal if anything in this application is found to be false in any particular section.

If employed, I agree that all claims relating to my employment, other than worker's compensation claims or claims arising under a non-compete agreement, shall be settled exclusively by expedited arbitration, without discovery. There shall be one arbitrator, chosen by the American Arbitration Association and the claim otherwise processed in accordance with AAA rules. Any award to me shall be limited to the lesser of (i) any actual lost wages, (ii) an amount not to exceed six months' wages, or (iii) in an appropriate case, reinstatement. The cost of arbitration shall be shared equally between me and the company. You may wish to consult an attorney prior to signing this application. If so, please take this form with you. However, you will not be offered employment until it is signed without modification and returned.

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

**Date of Signature:** \_\_\_\_\_