



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time will result in immediate employment termination.

Certain employment categories require a pre-employment health screening or drug test. Failure to provide such proof of testing with satisfactory results within the required tie will result in immediate employment termination.

DATE:			
PERSONAL INFORMATION			
Name:			
Present Address:			
Permanent Address:			
Phone:		Social Security Number:	

Position Applied For:	
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1	Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:
2	Do you have any relatives who are presently (or have formally been) employed by Vital Care?
3	How were you referred to Vital Care?
4	Have you ever been convicted of a felony? []Yes []No If yes, please explain:

EDUCATIONAL HISTORY

	SCHOOL NAME	YEARS COMPLETED	DEGREE/DIPLOMA
Elementary			
High School			
College			
Graduate School			
Technical Training			
Other			

EMPLOYMENT RECORD

List all employment for the last five years, with the most recent first. Use a separate sheet to list additional employers, if necessary.

(1) Name of Company:		Address:	
		Telephone:	
Position Held:			
Start Date:		End Date:	
Beginning Salary:		Ending Salary:	
Manager:		Reason for Leaving:	
(2) Name of Company:		Address:	
		Telephone:	
Position Held:		Wage/Salary:	
Start Date:		End Date:	
Beginning Salary:		Ending Salary:	
Manager:		Reason for Leaving:	
(3) Name of Company:		Address:	
		Telephone:	
Position Held:		Wage/Salary:	
Start Date:		End Date:	

Beginning Salary:		Ending Salary:	
Manager:		Reason for Leaving:	
(4) Name of Company:		Address:	
		Telephone:	
Position Held:		Wage/Salary:	
Start Date:		End Date:	
Beginning Salary:		Ending Salary:	
Manager:		Reason for Leaving:	

REFERENCES		Please do not include relatives or former employers.	
Name:			
Telephone:		Years Known:	
Address:			
Occupation:			
Name:			
Telephone:		Years Known:	
Address:			
Occupation:			
Name:			
Telephone:		Years Known:	
Address:			
Occupation:			

WORK AVAILABILITY			
If your application receives favorable consideration, when would you be available to begin work?			
		YES	NO
Do you have any objection to working overtime?			
Can you work overtime without prior notice?			
Can you work on Saturday?			
Can you work on Sunday?			
Can you travel if required by this position?			
SALARY/HOURLY RATE REQUIREMENTS			
If your application receives favorable consideration, what salary/hourly rate would you require?			

EMERGENCY CONTACT INFORMATION			
<p>In the event you begin employment with our pharmacy, we will require the name and telephone number of someone we can contact in the event of a medical or other emergency. You may add this information at this time, or provide it at a future date if you obtain employment with our pharmacy.</p>			
Contact Name:			
Relationship to You:			
Contact Telephone Number (1):			
Contact Telephone Number (2):			