

# HEALTH MART PHARMACY EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

## PERSONAL INFORMATION:

Date \_\_\_\_\_ Available Start Date \_\_\_\_\_

Position Seeking \_\_\_\_\_

Full Time  Part Time  Temporary Referral Source \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever been convicted of or charged with a felony or misdemeanor:  Yes  No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

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

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years?

Yes  No

If Yes, please provide full details, including dates, places, amounts involved and disposition:

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

## EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers, relationship, and how long known for 3 personal references.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

How long: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

How long: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL SKILLS:** Describe any special skills or qualifications for this work:

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

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Health Mart Pharmacy or its agent(s), to investigate any statement contained in this application and to obtain a consumer credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Health Mart Pharmacy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Return Application as Soon as Possible**

**Mail to: Health Mart Pharmacy  
6232 N. 104<sup>th</sup> Street  
Omaha, NE 68134  
attn: Mike Aksamit**

**or**

**Fax to: (402) 498-3443**

**or**

**e-mail to: aksamit@cox.net**

**FOR HEALTH MART PHARMACY USE ONLY:**

Arrange Interview:  Yes  No Date: \_\_\_\_\_ Place: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:  Yes  No Date: \_\_\_\_\_

By: \_\_\_\_\_