



APPLE DISCOUNT DRUGS

APPLE INFUSION

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex, sexual orientation, age, national origin, disability status, protected veteran status, or any other characteristic protected by law. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date of Application:	Email Address:		
Name: Last	First	Middle	
Present Address:	City	State	Zip
Permanent Address:	City	State	Zip
Phone Number:			
Referred By:	Are you 18 years of age or older? YES / NO		

EMPLOYMENT DESIRED

Position:	Circle One: Full Time / Part Time	Date You Can Start:	Salary Desired:
Are you employed now? YES / NO	If so, may we inquire of your present employer? YES / NO		
Ever applied to this Company before? YES / NO	Where?	When?	

EDUCATION

Grammar School Name & Location:			
High School Name & Location:		Did You Graduate? YES / NO	Subjects studies & Degrees Received:
College Name & Location:	Circle Last Year Completed 1 2 3 4	Did You Graduate? YES / NO	Subjects studies & Degrees Received:
Trade, Business or Correspondence School Name & Location:	Circle Last Year Completed 1 2 3 4	Did You Graduate? YES / NO	Subjects studies & Degrees Received:

GENERAL

Subjects of Special Study or Research Work:
Job Related Skills (typing, driver's license, computer, etc.):

FORMER EMPLOYERS				
List below your last four employers, starting with the last one first.				
Date Month and Year	Name and address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES				
List below three persons not related to you, whom you have known at least one year.				
Name	Contact Information: Phone # / e-mail	References Verified (for office use only)	Relationship to Applicant	Years Acquainted
		Date Initials		
		Date Initials		
		Date Initials		

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. This application will remain active for 10 days. Please apply thereafter.

AUTHORIZATION: I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand a criminal background check will or may be performed and a motor vehicle driving record will be required of drivers. I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company of any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at will and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment and continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____ (SEAL) Date: _____

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize _____ by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with **Apple Discount Drugs** for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Apple Discount Drugs** by and through **KBA**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15U.S.C. §1681et.seq.

Signature: _____ Date: _____

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IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____
 First Middle Last

Other Names Used (alias, maiden, nickname): _____

YEARS USED: _____

Current Address: _____
 Street /P. O. Box City State Zip Code County Dates

Former Address: _____
 Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ **Daytime Telephone Number:** _____

Driver's License Number: _____ **State of Issuance:** _____ ***Date of Birth:** _____ ***Gender** _____

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.
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