



# APPLE DISCOUNT DRUGS/SNOW HILL PHARMACY

## 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

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

### GENERAL

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

<b>CURRENT/FORMER EMPLOYERS</b>				
List below your last three employers, starting with the most recent one.				
Date Month and Year	Name and address of Employer	Salary (Upon leaving)	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

<b>REFERENCES</b>				
Provide three work-related references, preferably supervisors.				
Do not list persons related to you.				
Full Name (First and Last)	Contact Information - Phone #/Email	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: \_\_\_\_\_

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

**CONFIDENTIAL**

**W-S Associates, Inc DBA Apple Discount Drugs/Snow Hill Pharmacy**  
**Background Check Authorization**

Print Name: \_\_\_\_\_  
Last First Middle

Former Name(s): \_\_\_\_\_  
Maiden, Alias, Nickname

Current Address: \_\_\_\_\_  
MM/YYYY Street City State Zip

Previous Address: \_\_\_\_\_  
MM/YYYY-MM/YYYY Street City State Zip

Previous Address: \_\_\_\_\_  
MM/YYYY-MM/YYYY Street City State Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
License Number Exp.

The information contained in this application is correct to the best of my knowledge. I hereby authorize W-S Associates, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to W-S Associates, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release W-S Associates, Inc., the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personal both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request release.

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