



801 Congressional Blvd. Ste. 200A
 Carmel, IN 46032
 PH 317-818-1059

APPLICATION FOR EMPLOYMENT

Pharmakon is an Equal Opportunity Employer, committed to employing individuals without regard to race, age, sex, marital status, Veterans status, religion, creed, national origin, ancestry, sexual orientation or disability.

PERSONAL INFORMATION

LAST NAME		FIRST	M.I.	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
PHONE		DATE	HAVE YOU BEEN PREVIOUSLY EMPLOYED BY PHARMAKON? YES NO POSITION _____		
DATE OF BIRTH		GENDER	IF UNDER 18, CAN YOU AFTER EMPLOYMENT, SUBMIT A WORK PERMIT? Yes No		
CAN YOU LEGALLY WORK IN THE UNITED STATES?		Yes	No		
NAMES OF ANY RELATIVES EMPLOYED BY PHARMAKON:					
HOW DID YOU LEARN OF THIS JOB OPENING? (CHECK ONE)					
<input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> WALK-IN <input type="checkbox"/> JOB SERVICE <input type="checkbox"/> COLLEGE, TRADE <input type="checkbox"/> OTHER - EXPLAIN					

I WILL WILLINGLY SUBMIT TO A DRUG TEST PRIOR TO EMPLOYMENT Yes No	
If applying for a pharmacy technician position, it is a board of pharmacy requirement that you have a high school diploma or GED. Do you have either of these? Yes No	
Have you been a member of the armed forces of the United States? YES NO If yes, state highest rank achieved and any special skills or abilities that directly relates the job for which you are applying? _____ Branch? _____	

JOB INTEREST

POSITION DESIRED				DATE AVAILABLE	SALARY DESIRED
FULL-TIME Yes No		PART-TIME Yes No		DAYS Yes No	EVENINGS Yes No
				NIGHTS Yes No	WEEKENDS Yes No
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ANY OTHER FELONY OR MISDEMEANOR? (EXCEPT ROUTINE TRAFFIC VIOLATIONS) THAT COULD AFFECT YOUR JOB PERFORMANCE? AN AFFIRMATIVE ANSWER WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.					
Yes No		(IF YES, LIST BELOW)			
OFFENSE (S)	DATE	PLACE		DISPOSITION	

EDUCATIONAL RECORD

E D U C A T I O N		NAME/LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR PROGRAM	
	COLLEGE				Y N		
					Y N		
	HIGH SCHOOL				Y N		
					Y N		
	OTHER				Y N		
					Y N		
	Skills and Qualifications: Summarize any special training, skills, licenses, certificates and/or characteristics that may qualify you as being able to perform job-related functions in the position for which you are applying.						

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

PLEASE LIST ANY JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG. _____

WORK EXPERIENCE

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No			
LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) AND ACCOUNT FOR ANY LAPSE OF TIME BETWEEN EMPLOYMENT			
EMPLOYER		EMPLOYED FROM:	MO/YR TO: MO/YR
ADDRESS		CITY	STATE PHONE
POSITION TITLE		SALARY \$	STARTING FINAL \$
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE	
BRIEFLY DESCRIBE YOUR DUTIES			
REASON FOR LEAVING			
EMPLOYER		EMPLOYED FROM:	MO/YR TO: MO/YR
ADDRESS		CITY	STATE PHONE
POSITION TITLE		SALARY \$	STARTING FINAL \$
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE	
BRIEFLY DESCRIBE YOUR DUTIES			
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ADDRESS		CITY	STATE PHONE
POSITION TITLE		SALARY \$	STARTING FINAL \$
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE	
BRIEFLY DESCRIBE YOUR DUTIES			
REASON FOR LEAVING			

Comments (including explanation of any gaps in employment)

PERSONAL REFERENCES

Please list persons (unrelated) that you have known for at least three (3) years.		
NAME	RELATIONSHIP	PHONE NUMBER

DRIVER EXPERIENCE & QUALIFICATION

(fill out only if applying for a driver position)

LICENSES <small>Licenses held for past 3 yrs must be shown</small>	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "yes" to A, B, C, attach a statement giving details

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

PHARMAKON is a drug-free environment. All new applicants may be drug tested. I understand my employment is contingent upon results of the drug testing. All employees can be randomly tested and/or tested for suspicion after employment.

Signature

Date

I authorize investigation of all statements contained in this Application if I am considered for employment. I also authorize previous employers named, or any other person or persons to whom Pharmakon may contact, to give any and all information regarding my employment history together with any other pertinent information.

I understand that misrepresentation or omission of the facts requested, the receipt of unsatisfactory references, or an unsatisfactory result of the prescribed physical examination which reveals that *I cannot perform the essential functions of my job with or without reasonable accommodation, will be a sufficient reason for dismissal from the company's service. In the absence of a written contract of employment, employment by Pharmakon is employment at the will of each party. The employment relationship may be terminated at any time at the sole discretion of the employee or Pharmakon.

Signature

Date