

11. Applicant Employee History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue to the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Dates of Employment: _____

Job Duties: _____

Reason for Leaving: _____

12. Applicant's Education and Training *(If more space is needed add extra pages to application)*

College/University Name and Address: _____

Did you receive a degree? _____ Yes _____ No Other

Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold: _____

Awards, Honors & Special Achievements:

Military Services: _____ Yes _____ No

Branch: _____

Specialized Training: _____

13. References

List any two non-relatives who would be willing to provide a reference for you.

#1

Name: _____

Relationship: _____

Phone: _____

Email: _____

#2

Name: _____

Relationship: _____

Phone: _____

Email: _____

14. Please provide any other information that you believe should be considered , including whether you are bound by any agreement with any current employer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Lakeview Pharmacy to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I authorize Lakeview Pharmacy, by way of a third-party vendor to conduct a background check. Background checks will be conducted on all final candidates, and all offers of employment at Lakeview Pharmacy are contingent upon clear results of a thorough background check. Background checks will include but are not limited to; Social Security Verification: validates the applicant's Social Security number, date of birth and former addresses. Criminal History: includes review of criminal convictions and probation. The following additional background searches will be required if applicable to the position, Motor Vehicle Records: provides a report on an individual's driving history in the state requested. This search will be run when driving is an essential requirement of the position.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Lakeview Pharmacy, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date

