

APPLICATION FOR EMPLOYMENT

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**MCHUGH PHARMACY GROUP
634 PINE RIDGE DRIVE, STE B
WEST COLUMBIA, SC 29172**

**INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED**

EQUAL OPPORTUNITY EMPLOYER

McHugh Pharmacy Group is an equal employment opportunity employer. We make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability or veteran's status. Your opportunity for employment with McHugh Pharmacy Group depends solely on your qualifications.

					DATE	
Name	Last	First	Middle	Maiden		
Present address	Number	Street	City	State	Zip	
Previous address	Number	Street	City	State	Zip	
How long	Date of Birth _____		Social Security No.		-	-
Email Address: _____				Telephone (____) _____		
If under 18, please list age applicable):			Days/hours available to work (please check all			
Position applied for (1) and salary desired (2) (Be specific)			No Pref	Mon	Tues	Thurs
			Wed	Sat	Sun	Fri

Are you legally entitled to work in the U.S.?

How many hours can you work weekly? _____ Can you work nights? _____ Weekends? _____
 Employment desired: FULL-TIME ONLY _____; PART-TIME ONLY _____; FULL OR PART-TIME: _____
 When are you available for work? _____

Do you have relatives who are current or former employees of the Company or any of its affiliates? _____ If so, who? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Other School (graduate or other professional)				

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR "NO CONTEST" TO A MISDEMEANOR OR FELONY?
 Yes _____ No _____

If yes, please explain and give details of each. _____

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, wrongful death?) Yes _____ No _____

If yes, please explain and give details of each. _____

NOTE: Answer "Yes" to any of the above questions does not constitute an automatic bar to employment.

Do you have any physical limitations which may prevent you from performing any of the functions of the job for which you are applying? _____

If so, what can be done to accommodate the limitations? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes _____ No _____

What is your means of transportation to work?

Driver's License No. _____ State of Issue _____ Operator _____ Commercial
(CDL) _____
Expiration date _____

Have you had any accidents during the past three years? Yes _____ No _____ How many? _____

Have you had any moving violations during the past three years? Yes _____ No _____ How many? _____

Explain:

Has your driver's license ever been suspended or revoked? Yes _____ No _____
If Yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes _____ No _____ Name of Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes _____ No _____
If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes _____ No _____

If Yes, please explain circumstances: _____

Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address

Telephone (____)

Telephone (____)

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes _____ No _____

Specialty

Highest Rank Achieved

Type of Discharge

Discharge Date

Work Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

List all other employers you have had in the last ten (10) years. _____

Have you ever been terminated or asked to resign from any job? Yes _____ No _____ If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your present employer? Yes _____ No _____

Did you complete this application yourself? Yes _____ No _____

If not, who did? _____

Do you have any previous pharmacy experience? If Yes, explain: _____

Do you have previous retail experience? If Yes, explain: _____

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with McHugh Pharmacy Group creates an actual or implied contract of employment. I understand that, if I accept employment with McHugh Pharmacy Group, it will be on an at-will basis. This means that either McHugh Pharmacy Group or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by McHugh Pharmacy Group. I release McHugh Pharmacy Group, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize McHugh Pharmacy Group to investigate information concerning my education, employment experiences with previous employers and all other aspects of my background relevant to my proposed employment. I release McHugh Pharmacy Group and its employees from all liability arising from such investigation. I release my previous employers from any liability as a result of their disclosure of information about me to the McHugh Pharmacy Group. I also authorize the McHugh Pharmacy Group to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

Should I become employed, as a condition of my employment, I agree to waive my right to a trial by jury in any action or proceeding involving any claim I feel I have, whether statutory or at common law related to or arising out of my employment or the termination of my employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have a right to consult with a person of my choosing, including an attorney, before signing this document.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE:

Signature of applicant _____ **Date:** _____