

MODEL DRUG, INC.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

TODAY'S DATE	
NAME (LAST, FIRST, MIDDLE)	
PRESENT ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	CELL NUMBER
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: NUMBER:	
POSITION(S) APPLIED FOR:	SALARY REQUIREMENT:
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME HOURS AND/OR DAYS YOU CAN WORK:	DATE YOU CAN START:
ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING?	CAN YOU PERFORM ESSENTIAL JOB DUTIES WITHOUT ACCOMODATION?
ARE YOU OF THE LEGAL AGE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NOT, A WORK PERMIT WILL BE REQUIRED IF EMPLOYMENT ATTAINED.)	WERE YOU PREVIOUSLY EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?
CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT A U.S. CITIZEN, GIVE VISA NUMBER AND EXPIRATION DATE:	

RECORD OF EDUCATION (HIGHEST ACHIEVED)

SCHOOL	SCHOOL NAME, CITY & STATE	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH					
BUSINESS, TRADE OR TECHNICAL SCHOOL					
COLLEGE					
OTHER (SPECIFY)					

**PERSONAL REFERENCES
(NOT FORMER EMPLOYERS OR RELATIVES)
PLEASE COMPLETE ALL FIVE**

NAME AND OCCUPATION	ADDRESS	TELEPHONE AND/OR CELL

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

NAME & ADDRESS OF COMPANY	FROM	TO	SUPERVISOR AND THEIR TITLE
DESCRIBE THE WORK YOU DID:	REASON FOR LEAVING:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE	IF NO, WHY NOT?		

NAME & ADDRESS OF COMPANY	FROM	TO	SUPERVISOR AND THEIR TITLE
DESCRIBE THE WORK YOU DID:	REASON FOR LEAVING:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE	IF NO, WHY NOT?		

NAME & ADDRESS OF COMPANY	FROM	TO	SUPERVISOR AND THEIR TITLE
DESCRIBE THE WORK YOU DID:	REASON FOR LEAVING:		
	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE	IF NO, WHY NOT?		

APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING!

If employed, and in consideration of my employment, I agree to abide by the written and unwritten rules and regulations of my employer, and agree that my employment and compensation can be terminated at will, with or without cause, with or without notice, at any time, either at my option or at the option of the company. I understand that no management representative has any authority to enter into any agreement of the employment for any specified period of time, or to make any agreement contrary of the foregoing, except the president of the company. Any such agreement must be in writing and signed by both the president of the company and myself.

I authorize prior employers, references and others identified in this application as sources of information regarding my character, qualifications, work history and background to provide information without limitations pertaining to those subjects within the United States and any foreign countries that I have either lived or worked in. I waive any rights of privacy that may be attached thereto. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company, as well as from the use of disclosure of such information by the company or any of its agents, associates or representatives. I also understand that all offers of employment are contingent upon the verification of all facts contained in this application to be true and accurate and upon the satisfactory response to reference requests. This consent for a background screening allows for future background checking for purposes of promotion, reassignment or retention.

I hereby certify that all of the foregoing information that I have supplied in this application is correct and complete. Furthermore, I understand that any misrepresentation, falsification or material omission of information in this application may result in my future to receive an offer or, if I have been hired, my immediate dismissal from employment regardless of when the information is discovered.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of tests for drugs and/or alcohol at a company selected facility at the company's expense, and I understand that the company may use any information obtained from such tests to the extent permitted by state and federal law.

In the event of any employment-related legal proceedings, I agree to a binding resolution arbitration procedure in order to provide fast, fair and final results. Upon my termination of my employment, I agree to return all company property and records in my possession.

Signature of Applicant

Date

This company is committed to a policy of equal employment and provides an affirmative action opportunity for all applicants and employees. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act of 1990, the Immigration and Nationality Act, the Fair Credit Reporting Act, and any applicable state laws. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.