

**BOSWELL PHARMACY SERVICES / MARTELLA'S PHARMACIES
EMPLOYMENT APPLICATION FORM**

**** PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE ****

NAME: _____
LAST FIRST MIDDLE OTHER NAME(S) USED/ON RECORD

PRESENT CITY/STATE OF RESIDENCE: _____
CITY STATE ZIP

EMAIL: *(Our preferred method of contact.)* _____

BEST PHONE NUMBER TO CONTACT YOU: (_____) _____ Cell Home

ALTERNATE NUMBER: (_____) _____ Cell Home

ARE YOU AT LEAST 18 YEARS OF AGE? Yes No If No, list age as of today's date: _____

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION COMPLETED? _____

HAVE YOU EARNED EITHER A HIGH SCHOOL DIPLOMA OR A GENERAL EQUIVALENCY DIPLOMA? Yes No

SCHOOL NAME, CITY, AND STATE: _____

WORK LOCATION(S) OF INTEREST: _____ BosWell Pharmacy Services - Jennerstown (Warehouse facility)

_____ Boswell Prescription Center - Boswell _____ Martella's Pharmacy - Parkhill
 _____ Ligonier Pharmacy - Ligonier _____ Martella's Pharmacy - Windber
 _____ Martella's Pharmacy - Johnstown _____ Penn Laurel Pharmacy - Central City

JOB(S) OF INTEREST AT RETAIL SITE(S): _____ Pharmacist
 _____ Pharmacy Technician
 _____ Customer Service Representative
 _____ Delivery Driver (of patients' items)
 _____ Other *(Be specific.)* _____

JOB(S) OF INTEREST AT WAREHOUSE IN JENNERSTOWN, PA: _____ Administrative _____ Packing Pharmacy Technician
 _____ Bulk Packing Technician _____ Pharmacist
 _____ Clinical _____ Shipping Dept. Production Worker
 _____ Facilities Laborer _____ Other *(Be specific.)* _____

SELECT TYPE OF SCHEDULE DESIRED: _____ Regularly scheduled for at least 40 hours per week *FULL*
 _____ Regularly scheduled for 30-39 hours per week *PART*
 _____ Regularly scheduled for less than 30 hours per week *CAS*
 _____ Employment during school break(s) only *SEAS*

MOST JOBS REQUIRE EVENING SHIFTS AND WEEKEND DAY SHIFTS ON A ROTATIONAL BASIS. Select all that apply.

Explain any scheduling challenges here: _____

_____ I am available to work during the operational hours as necessary.
 _____ I have some availability challenges working evenings.
 _____ I have some availability challenges working weekends.

DESIRED HOURLY WAGE: \$ _____ **FIRST DATE YOU ARE AVAILABLE TO WORK:** _____

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HAVE YOU PREVIOUSLY WORKED AT ANY OF OUR SITES, including Subway in Boswell and the Coffee Bean in Latrobe?

Yes **No** If Yes, please specify location and dates of employment:

If previously employed with us using a different name, please indicate that name:

WORK HISTORY - Begin with your current or most recent employment

Company or Employer Name:	Job Title:
City / State / Zip:	Employed from (MM/YYYY): _____
Phone Number: ()	Employed to (MM/YYYY): _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the major job duties that you performed:	
Specify your reason for leaving this job:	

Company or Employer Name:	Job Title:
City / State / Zip:	Employed from (MM/YYYY): _____
Phone Number: ()	Employed to (MM/YYYY): _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the major job duties that you performed:	
Specify your reason for leaving this job:	

Company or Employer Name:	Job Title:
City / State / Zip:	Employed from (MM/YYYY): _____
Phone Number: ()	Employed to (MM/YYYY): _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the major job duties that you performed:	
Specify your reason for leaving this job:	

Check this box to indicate that you have additional work experiences listed on the back page of this application.

Use the space below to provide additional information to further describe any skills or interests that may advance your candidacy for the position(s) to which you are applying.

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Thank you for your interest in possible employment with BosWell Pharmacy Services and/or Martella's Pharmacies.

This Company is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by BosWell Pharmacy Services and/or any Martella's Pharmacy retail locations (hereafter called "the Company"), I acknowledge and agree to the following:

I understand that not all applicants are contacted. The Company initiates contact within 30 days if there is interest to begin discussion about the applicant's work experiences, skills, and education as they pertain to the job expectations.

I understand that the hiring process involves several steps and professional references must be checked before an offer can be made. I agree to provide the names and current contact information within three business days of being requested. I understand that failure to do so will cause my candidacy file to be closed.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that, if an offer of employment is made to me and I accept it, various background checks must be conducted. If relevant to the job, additional research into my financial or driving history also will be ordered. I agree to sign the authorization form(s) and provide accurate and current information so that the Company may initiate the investigations.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credits records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Neither the acceptance of the application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the President/Chief Executive Officer of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason.

Signature of Applicant: _____

Date: _____

Did you complete this application yourself? ___ Yes ___ No

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WORK HISTORY continued...

Company or Employer Name: City / State / Zip: Phone Number: ()	Job Title: Employed from (MM/YYYY): _____ Employed to (MM/YYYY): _____ May we contact this employer? ___Yes ___No
List the major job duties that you performed:	
Specify your reason for leaving this job:	

Company or Employer Name: City / State / Zip: Phone Number: ()	Job Title: Employed from (MM/YYYY): _____ Employed to (MM/YYYY): _____ May we contact this employer? ___Yes ___No
List the major job duties that you performed:	
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Company or Employer Name: City / State / Zip: Phone Number: ()	Job Title: Employed from (MM/YYYY): _____ Employed to (MM/YYYY): _____ May we contact this employer? ___Yes ___No
List the major job duties that you performed:	
Specify your reason for leaving this job:	

SPACE BELOW IS FOR HR OFFICE USE ONLY

FORWARDED BY: _____
 DATE REC'D AT HR OFFICE: _____
 REC'D BY: _____