



Smart Pharmacy
3740 St. Johns Bluff Rd. South Ste. 19
Jacksonville, FL 32224
Phone: 904-361-3861 Fax: 904-361-3866

EMPLOYMENT APPLICATION

Smart Pharmacy is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, martial status, national origin, disability or handicap, veteran status or sexual orientation. Smart Pharmacy is a drug-free workplace.

Date: _____ Position Applying For: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Contact Numbers : (h) _____ (w) _____ (cell) _____

E-mail address contact: _____

Date available to begin work: _____ Full Time ____ Part Time ____

Are there any days, shifts or hours you cannot work? _____

If yes, please explain: _____

How did you hear about us?

____ Advertisements ____ Friends ____ Inquiry ____ Employment Agency ____ Other ____

Are you over 18 years old? ____ Yes ____ No

Are you legally eligible for employment in the United States? ____ Yes ____ No
(If offered employment, you will be required to provide documentation to verify eligibility)

Are you able to perform the essential functions of the position(s) applied for with or without a reasonable accommodation? _____ Yes _____ No

Do any of your friends or relatives work at Smart Pharmacy? If so, state name, relationship and location:

Have you signed a non-compete, non-solicitation or similar agreement with a current or former employer in the last three years which is still in effect?

_____Yes _____No

If yes, please provide a detailed description of the agreement, including but not limited to the name of the employer, the scope of the agreement, and the essential terms of the agreement. If possible, please provide a copy of the agreement.

Education:

School	Name & Address of school	Course of study	Number of years Completed	Diploma/degree received
High School				
Undergraduate				
Graduate				
Other				

Applicable Skills: (Please check all that apply)

MS Word _____MS Excel _____MS Access _____MS PowerPoint_____

Bookkeeping _____ Data Entry_____

Pharmacy/Practice Management software (please name)_____

Other: _____

List any other pertinent information such as applicable certifications, related associations, and memberships:

Regardless of the position applied for, please list the status of, and actions against (if any) all **current or prior** Professional License and/or Certification(s) you currently hold or have held (including previous tech and/or intern (i.e. while in pharmacy school licenses). If you let them expire, please note a reason why.

Professional Licenses/Certifications:

Type:_____ State:_____ License:_____ Expiration Date:_____
Status of/Actions Against: _____.

Type:_____ State:_____ License:_____ Expiration Date:_____
Status of/Actions Against: _____.

Are you on any current or prior exclusions list (OIG, GSA, etc.)? Y or N _____

Work Experience

(Begin with your current, or most recent employment and include up to 10 yrs.; Please include an additional sheet if necessary; By completing this application, you agree to us contacting all former employers):

1. Name of Employer:_____

Type of Business:_____

Corporate Address: _____

Name of direct manager/supervisor: _____

Dates employed: From_____ To: _____ Phone Number _____

Job title: _____ Salary: _____

Reason for leaving: _____

Job Responsibilities/Work Performed: _____

If this is a current employer, may we contact? ____Yes ____No

If yes, please identify appropriate contact, contact's position, and contact number:

2. Name of Employer:_____

Type of Business:_____

Corporate Address: _____

Name of direct manager/supervisor: _____

Dates employed: From _____ To: _____ Phone Number _____

Job title: _____ Salary: _____

Reason for leaving: _____

Job Responsibilities/Work performed: _____

3. Name of Employer: _____

Type of Business: _____

Corporate Address: _____

Name of direct manager/supervisor: _____

Dates employed: From _____ To: _____ Phone Number _____

Job title: _____ Salary: _____

Reason for leaving: _____

Job Responsibilities/Work performed: _____

Explanation of any gaps in employment: _____

3 Professional References which you authorize us to contact:

Name	Best time and method for contact with contact information	Occupation	Relationship to Applicant

Employee Confidentiality Clause

Privacy and trust are implicit in all business related dealings and specifically in any related medical profession. As we perform our duties, we will come in contact with information and material which is highly confidential and must be carefully maintained in the strictest of confidences for the good of the business, the patient and related physicians. The information contained in the health record belongs to the patient and shall be regarded as confidential. Every person employed by Smart Pharmacy is obligated to refrain from any discussions or disclosure of patient matters to outsiders, including members of one’s family. Failure to respect the confidentiality of patient information is not only a breach of professional ethics, but **violates the law.**

_____ I have read the confidentiality clause, and have received an explanation of its contents.

Initial I agree to accept this responsibility and obligation.

Applicant’s Acknowledgement, Agreement & Certification:

I acknowledge that I have read this Application for Employment and hereby certify that the facts set forth in this document are true and complete to the best of my knowledge. I further acknowledge that I read and understood each question and was provided the opportunity to ask questions regarding this application and the hiring process. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision including interviewing any references and previous employers listed. I also authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test, and my failure to submit to such background checks or test will be grounds to disqualify me from further consideration for employment, or if I am already employed, may result in my immediate dismissal. If I become employed with the Company, I understand that I will be required to serve a ninety (90) day introductory period. I understand that during my employment I am required to abide by all rules, regulations, policies and procedures of the employer.

I agree that if Smart Pharmacy employees me, I will be free to leave employment at any time for any reason and that Smart Pharmacy is free to separate my employment at any time and for any reason with or without prior notice. I understand this is called “employment at will”, and no one other than a direct officer or authorized designee of Smart Pharmacy has the authority to alter this arrangement, to enter into an agreement for employment, or to make any agreement or arrangement contrary to the at-will nature of my employment. Furthermore, I understand that any such agreement that is contrary to the at-will nature of my employment must be in writing and executed by an officer or authorized designee of Smart Pharmacy.

Acknowledgement:

Signature of applicant Date

Print Name