



PHARMACY

With us, it's personal.

# APPLICATION FOR EMPLOYMENT

Date (Month, Day, Year) \_\_\_\_\_

FOR MANAGEMENT USE ONLY



Work Location \_\_\_\_\_ Rate \_\_\_\_\_  
Position \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number (Area Code) ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Are you under the age of 18?  Yes  No

Have you ever worked under a different name?  Yes  No If yes, list name and location below:

Name \_\_\_\_\_ Location \_\_\_\_\_

## POSITION APPLIED FOR

IF THIS APPLICATION IS FOR A **MANAGEMENT POSITION** CHECK HERE

STORE MANAGER: Please forward **MANAGEMENT APPLICATIONS** to your Human Resources Manager.

Position \_\_\_\_\_

Location \_\_\_\_\_

Date you can start \_\_\_\_\_



### HOURS AVAILABLE

	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING							
AFTERNOON							
EVENING							

## EDUCATION

NAME OF SCHOOL LOCATION (CITY, STATE, ZIP CODE)	YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED/ EXPECTED OR CREDITS EARNED	OVERALL GPA
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE COLLEGE			
<input type="checkbox"/> MILITARY <input type="checkbox"/> TRADE			
OTHER			

## PHARMACISTS, PHARMACY TECHNICIANS & PHARMACY INTERNS ONLY

Registered States

\_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_ License Number \_\_\_\_\_

Have you ever had or do you currently have any restrictions to your license?

Yes    No

If yes, explain on an additional sheet and attach to this application.

**EMPLOYMENT & EXPERIENCE**

EMPLOYER AND LOCATION		POSITION TITLE AND IMMEDIATE SUPERVISOR	STARTING RATE ENDING RATE	REASON FOR LEAVING
FROM MO/YR	EMPLOYER (present or most recent) _____	YOUR TITLE	\$	
TO MO/YR	ADDRESS _____ CITY _____ STATE _____ ZIP _____	SUPERVISOR  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE NUMBER	\$	
FROM MO/YR	EMPLOYER _____	YOUR TITLE	\$	
TO MO/YR	ADDRESS _____ CITY _____ STATE _____ ZIP _____	SUPERVISOR  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE NUMBER	\$	
FROM MO/YR	EMPLOYER _____	YOUR TITLE	\$	
TO MO/YR	ADDRESS _____ CITY _____ STATE _____ ZIP _____	SUPERVISOR  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE NUMBER	\$	
FROM MO/YR	EMPLOYER _____	YOUR TITLE	\$	
TO MO/YR	ADDRESS _____ CITY _____ STATE _____ ZIP _____	SUPERVISOR  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE NUMBER	\$	
FROM MO/YR	EMPLOYER _____	YOUR TITLE	\$	
TO MO/YR	ADDRESS _____ CITY _____ STATE _____ ZIP _____	SUPERVISOR  MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE NUMBER	\$	

GENERAL INFORMATION

WERE YOU REFERRED BY A RITE AID ASSOCIATE?

Yes  No If yes, name of associate \_\_\_\_\_

PLEASE LIST ANY FRIENDS OR RELATIVES WORKING FOR THE COMPANY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO RITE AID?

Yes  No \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES OR SKILLS WHICH YOU FEEL WOULD QUALIFY YOU FOR WORK WITH THE COMPANY?

Yes  No \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? IF YES, EXPLAIN:

Yes  No \_\_\_\_\_

For the following question, please refer to the statements below prior to answering.

IF YOU RESIDE IN:

CALIFORNIA – do not disclose (1) marijuana related convictions (felony or misdemeanor) more than two years old; and (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program.

CALIFORNIA, COLORADO, KENTUCKY, OHIO, MARYLAND, MISSISSIPPI, VIRGINIA, WEST VIRGINIA – do not disclose criminal convictions that have since been placed under seal or expunged.

CONNECTICUT – do not disclose any offenses which are subject to erasure under Connecticut law.

OREGON – do not disclose expunged juvenile convictions.

MASSACHUSETTS – do not disclose convictions for misdemeanors.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH HAS NOT SINCE BEEN PLACED UNDER SEAL OR EXPUNGED?

Yes  No

IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME(S) AND THE DATE OF THE CONVICTION(S).

STATEMENT OF APPLICANT

I certify that the above statements are true and that the making of false statements or omitting information will be considered sufficient cause for immediate discharge upon discovery thereof. I understand that any employment offered to me will be on a probationary trial basis. I further understand that unless specifically altered by a written employment contract, executed by an officer of the Company, my employment will be terminable at will and at any time either by myself or Rite Aid. I authorize Rite Aid to make inquiry of any former employers or references as to my experiences, salary, character, habits, and reasons for leaving. If employed by the Company, I agree to conform to its rules and regulations and to adhere to the dress and grooming standards and codes set by Rite Aid for my classification. I understand that I may be required to submit to drug test in accordance with Rite Aid's drug testing policy.

In addition, I specifically authorize Rite Aid to make inquiries of local courts, administrative agencies, law enforcement agencies, including a criminal background check and consumer reporting agencies. I consent to a search of the Drug Enforcement Administration's Regional Office files for records of drug convictions, which will result in a national check being made by the regional office. I release Rite Aid from any liability, including any potential claim for defamation, concerning the completion of my pre-employment background check.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

RITE AID IS AN EQUAL OPPORTUNITY EMPLOYER