



# Humble RX, LLC DBA Porter Pharmacy

308 W Larissa St, Jacksonville, TX 75766

903-586-9804

## JOB APPLICATION

Porter Pharmacy is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

### Applicant Information

**Position applying for:** Pharmacy Technician (full time)

**Applicant Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Employment Position

How did you hear about this position? \_\_\_\_\_ If hired, what date can you start? \_\_\_\_\_

Do you have reliable transportation to and from work? Yes No Salary desired: \_\_\_\_\_ per hour

### Personal Information

Have you ever applied to or worked for Porter Pharmacy before? Yes No  
If yes, when? \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for Porter Pharmacy? Yes No  
If yes, state name & relationship: \_\_\_\_\_

Are you a U.S. citizen or approved to work in the United States? Yes No  
What document can you provide as proof of citizenship or legal status?  
\_\_\_\_\_

Will you consent to a mandatory controlled substance test? Yes No  
Do you have any condition which would require job accommodations? Yes No  
If yes, please describe accommodations required below.  
\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No  
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:  
\_\_\_\_\_

(Note: Porter Pharmacy complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

### Education and Training

#### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

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**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

Are you a Registered Certified Pharmacy Technician? Yes No

**Previous Employment** (Newest to Oldest - Preferred past 5 (five) years of employment)

<b>Employer Name:</b> _____	<b>Employer Name:</b> _____	<b>Employer Name:</b> _____
Job Title: _____	Job Title: _____	Job Title: _____
Supervisor Name: _____	Supervisor Name: _____	Supervisor Name: _____
Employer Address: _____	Employer Address: _____	Employer Address: _____
City, State and Zip Code: _____	City, State and Zip Code: _____	City, State and Zip Code: _____
Employer Telephone: _____	Employer Telephone: _____	Employer Telephone: _____
Dates Employed: _____	Dates Employed: _____	Dates Employed: _____
Reason for leaving: _____	Reason for leaving: _____	Reason for leaving: _____
May we contact this Employer? Yes    No	May we contact this Employer? Yes    No	May we contact this Employer? Yes    No

**References**

Please provide 2 personal and/or professional reference(s) below:

Reference	Contact Information

**At-Will Employment**

The relationship between you and Porter Pharmacy is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Porter Pharmacy. No representative of Porter Pharmacy has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will”, and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the owner.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_