



National Pharmacy Services Corp.

MAXOR NATIONAL PHARMACY SERVICES
EMPLOYMENT APPLICATION
An Equal Opportunity/Affirmative Action
Employer

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Home Phone

Cell Phone

Email Address

Employment Desired

Position applying for: Full time Yes No Per Diem Yes No

Minimum Wage/Salary Expected: Date Available for Employment

Have you applied with Maxor before? Yes No If yes, when?

Have you ever worked for Maxor before? Yes No If yes, when?

Are you available to work: Weekends Yes No Evenings Yes No

Rotating Shifts Yes No Holidays Yes No

Personal Information

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. If you need a copy of the job description for which you are applying, please email HR at hr@maxor.com. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.) Hire may be subject to passing a medical examination, and to skill and agility tests.)

If no, describe the functions that cannot be performed.

Blank lines for describing functions that cannot be performed.

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**Credential Information**

RPh #: \_\_\_\_\_ CPhT#: \_\_\_\_\_ State Registration#: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Professional Memberships: \_\_\_\_\_

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**Education, Training and Experience**

| School | Name and Address | No. of years Completed | Did you Graduate? | Degree or Diploma Earned |
|--------|------------------|------------------------|-------------------|--------------------------|
|--------|------------------|------------------------|-------------------|--------------------------|

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|             |                  |                |  |       |
|-------------|------------------|----------------|--|-------|
| High School | _____<br>Name    | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|             | _____<br>Address |                |  |       |
|             | _____<br>City    | _____<br>State | _____<br>Zip   |       |

|                     |                  |                |  |       |
|---------------------|------------------|----------------|--|-------|
| College/ University | _____<br>Name    | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|                     | _____<br>Address |                |  |       |
|                     | _____<br>City    | _____<br>State | _____<br>Zip   |       |

|                     |                  |                |  |       |
|---------------------|------------------|----------------|--|-------|
| College/ University | _____<br>Name    | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|                     | _____<br>Address |                |  |       |
|                     | _____<br>City    | _____<br>State | _____<br>Zip   |       |

|                      |                  |                |  |       |
|----------------------|------------------|----------------|--|-------|
| Vocational/ Business | _____<br>Name    | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|                      | _____<br>Address |                |  |       |
|                      | _____<br>City    | _____<br>State | _____<br>Zip   |       |

|                          |                  |                |  |       |
|--------------------------|------------------|----------------|--|-------|
| Other Training Or Degree | _____<br>Name    | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|                          | _____<br>Address |                |  |       |
|                          | _____<br>City    | _____<br>State | _____<br>Zip   |       |

**Employment History**

List below all present and past employment starting with your most recent employer (the last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name & Title \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
From To Starting Ending

Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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Name of Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name & Title \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
From To Starting Ending

Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

---

Name of Employer \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name & Title \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
From To Starting Ending

Your Position and Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer for a reference?  Yes  No

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**How did you hear of our opening?**

- Current Employee
- Maxor Website
- Recruiter

- Newspaper Ad
- Web site: \_\_\_\_\_
- Other – Explain \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Maxor National Pharmacy Services (“Maxor”), to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Maxor any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Maxor, my former employers and all other persons, corporations, partnerships and associations from any and all claims, liabilities rising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which be granted or during my employment, if hired, is intended to create an employment contract between Maxor and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Maxor and that no promises or representations contrary to the foregoing are binding on Maxor unless made in writing and signed by me and Maxor’s designated representative.

\_\_\_\_\_  
Initials I understand that all offers of employment with Maxor are contingent upon satisfactory results of a background check, including licensure/registration verification (if applicable), criminal history, references, and a pre-employment drug screen.

\_\_\_\_\_  
Initials I understand that in the event of an offer of employment, I will be responsible for providing proof of eligibility for employment in the United States within three (3) days of employment. Failure to provide this proof will result in the termination of my employment.

\_\_\_\_\_  
Initials I certify that I am free from any conflict of interest in administering or delivering Medicare Part D benefits. Conflicts of interests are created when an activity or relationship renders a person unable or potentially unable to provide impartial assistance or advice, the person’s objectivity is impaired, or a person has an unfair competitive advantage.

\_\_\_\_\_  
Initials I hereby certify that I am not excluded from the Medicare (Title V) or Medicaid (Title XIX) programs.

I, the undersigned, have made application for employment with Maxor National Pharmacy Services and by my signature acknowledge understanding all the statements made as part of this application. I hereby authorize all previous employers, law enforcement agencies, and other references to give to Maxor any and all information and opinions concerning my previous employment, education, or any other information you might have, personal or otherwise, with regard to my employment. In consideration of your furnishing this information to Maxor on my behalf, I release you AND AGREE TO HOLD YOU HARMLESS from all liability for damages (actual, consequential, or otherwise) which may result from furnishing such information to Maxor.

I have read and understand this statement. My typed name below shall have the same force and effect as my written signature.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PRE-EMPLOYMENT-Applicant Data Form**  
**This Information Will Be Kept Separately From Your Employment Application**  
**Notice to Applicants -Completion of this form is voluntary.**

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We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this *Applicant Data Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for statistical purposes. This form is processed and maintained separately from your employment application and is not used in the interview or selection process. Completion of this form is optional and voluntary.

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1. Application Date:
  2. Position Applied For:
  3. Applicant Name:
- 

**Voluntary Self-Identification of Ethnicity, Race and Gender**

5. Ethnic/Race Code: (Please Select One)

**Ethnicity:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race; | <input type="checkbox"/> <b>Not Hispanic</b>      |
|  | <input type="checkbox"/> <b>Decline to Answer</b> |

**Race:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>White</b> (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;   | <input type="checkbox"/> <b>American Indian or Alaskan Native</b> (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South American (including central America), and who maintains tribal affiliation or community recognition; and |
| <input type="checkbox"/> <b>Black or African American</b> (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa;  | <input type="checkbox"/> <b>Two or More Races</b> (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.   |
| <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;   | <input type="checkbox"/> <b>Decline to Answer</b>   |
| <input type="checkbox"/> <b>Asian</b> (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; |   |

6. Sex/Gender Code: (Please Select One)

- Male       Female       Decline to Answer

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Voluntary Self-Identification of Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C.4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

1. Application Date:
2. Position Applied For:
3. Applicant Name:

Please take the time to answer the following questions. Completion of this form is optional and voluntary.

1. Disabled veterans;
2. Recently separated veterans;
3. Active duty wartime or campaign badge veterans; and
4. Armed Forces service medal veterans

These classifications are defined as follows:

A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA --the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1 -866 -4 -USA -DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I don't wish to answer





**EMPLOYMENT VERIFICATION FORM**

**Applicant: Please complete boxed area only-your former employer (s) will complete the reference information.**

**APPLICANT CONSENT AND RELEASE**

I, the undersigned, have made application for employment with Maxor National Pharmacy Services. I hereby authorize you to give to Maxor National Pharmacy Services any information concerning my previous employment which is on record or otherwise. I hereby release the individual, company or institution and all individuals connected therewith, including Maxor National Pharmacy Services, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Applicant Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*My typed name shall have the same force and effect as my written signature.

**The following section is to be completed by an employer only:**

To Whom It May Concern:

The above named applicant is being considered for employment with Maxor National Pharmacy Services. The applicant has listed you or your organization as a former employer. In accordance with the release signed by the applicant above, please provide the information requested and return this form to us via fax or email.

Maxor National Pharmacy Services  
Secure Fax: (806) 324-5595 email: hr@maxor.com  
Or mail to: 320 S. Polk St., Suite 200 Attn: Human Resources  
Amarillo, TX 79101

Name of Former Employer: \_\_\_\_\_

Name of Applicant/Former Employee: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_

Is the Applicant eligible for rehire with your organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain \_\_\_\_\_

Please rate the Applicant in each of the following areas by circling the appropriate response for each criterion:

|            |           |      |         |               |      |
|------------|-----------|------|---------|---------------|------|
| Job Skill  | Excellent | Good | Average | Below Average | Poor |
| Initiative | Excellent | Good | Average | Below Average | Poor |
| Attendance | Excellent | Good | Average | Below Average | Poor |
| Conduct    | Excellent | Good | Average | Below Average | Poor |

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Date: \_\_\_\_\_