

Choice Pharmacy, Inc Application **DATE:**

Application for Employment

It is this Pharmacy's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

Applicant Name: _____

Present Address: _____

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Social Security Number: _____ Are You at Least 18 Years Old? Yes No

Date of Birth: _____

Position Applying For: Full Time Part Time Per Visit

Shift: Day Night Evening Weekend

Salary Requirements: _____ Date Available: _____

If you are not a US Citizen, do you have legal the right to remain permanently in the US? Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No

If Yes, please give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation? Yes No
If Yes, give date, place and nature of each such conviction.

Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number and state

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

In case of an emergency notify	Relationship
Out of state contact, if possible	Relationship

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient

Company Name	Address/City/State/Zip	Phone	Supervisor's Name
Date Started: _____ Date Left: _____	Type of Business: _____ ()Salary ()Full Time ()Part Time	Reason for leaving	OK to contact Supervisor ()Yes () No

Describe your job title, responsibilities and accomplishments

Company Name	Address/City/State/Zip	Phone	Supervisor's Name
Date Started: _____ Date Left: _____	Type of Business: _____ ()Salary ()Full Time ()Part Time	Reason for leaving	OK to contact Supervisor ()Yes () No

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Date Started: _____ Date Left: _____	Type of Business: _____ ()Salary ()Full Time ()Part Time	Reason for leaving	OK to contact Supervisor ()Yes () No

Describe your job title, responsibilities and accomplishments

PERSONAL REFERENCES: (Name, Phone, Relationship)

1. _____
2. _____
3. _____

Please review and sign

In making application for employment:

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the Pharmacy or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Pharmacy or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

I understand that an investigative report may be made by a consumer reporting Pharmacy to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that if I am offered employment by the Pharmacy, my employment will be for no definite term and that either I or the Pharmacy will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Pharmacist In Charge (PIC) of the Pharmacy.

I understand that the Pharmacy will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant's Signature: _____ Date: _____

Date:	Check method of gathering reference data: () Verbal () Mail () Fax () Mail		
Name of person giving reference:	Pharmacy:		
<p>The individual named below is applying for a position as and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.</p> <p>Thank you in advance</p>			
Name of Company Representative			
Applicant Release			
Applicant			
Last/First/MI /Maiden			
Position Held			
Social Security #	Date Employed: From	To	
<p>I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding any employment with them. I understand that this information may be released to patients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.</p>			
Applicant Signature: _____		Date: _____	
Please confirm the applicant's employment	From	To	
<p>Please comment on the applicant's attributes using the following scale: 4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable</p>			
Quality of Work			
Knowledge & Skills			
Reliability & Attendance			
Cooperation			
Competence			
Supervisory ability & capacity			
Grooming_			

EMPLOYEE ACKNOWLEDGMENT

Confidentiality: Pharmacy maintains confidentiality of operations, activities, and business affairs of the Pharmacy and the patients according to 1996, Health Information Portability and Accountability Act (**HIPAA**). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on patients/patients and staff members. The health care professional safeguards the patient's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, s/he should consult with his/her supervisor.

Drug Testing Policy: Pharmacy drug testing of its employees. Pharmacy maintains a drug free workplace policy with regard to the possession, use, distribution and sale of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of all controlled substance or any alcoholic beverages while in the workplace or on Company paid time. Violation of this policy will result in disciplinary action up to and including termination of employment. **I** acknowledge I have received a copy of the Pharmacy's policy on drug testing.

Harassment Policy: This Pharmacy is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager or Human Resources.

Non Solicitation/Illegal Remuneration: Pharmacy does not reimburse or provide incentives to physicians, durable equipment providers, family or other referral entities for patient referrals for pharmacy services. Employees may not solicit patients for the Pharmacy. Employees found in violation of this non-solicitation policy will be subject to discipline up to and including termination of employment.

Non-Discrimination: Pharmacy does not discriminate against patients or volunteers based on age, race, color, religion, military status, gender preference, sex, marital status, national origin, disability, or source of payment.

Abuse, Neglect, and Exploitation: Pharmacy employees will report suspected abuse, neglect and/or exploitation to the state departments of the Texas Department of Family and Protective Services, the Department of Aging and Disability Services, and Pharmacy management. Pharmacy employees suspected of abuse, neglect or exploitation will be suspended immediately, and investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

Worker's Compensation: Pharmacy is a non-subscriber to workers' compensation insurance. An employee who incurs an injury on the job that requires emergency medical treatment or is life threatening should proceed to the nearest emergency room. Emergency medical treatment (non life threatening) or non-emergency treatment should be referred to the Pharmacy's designated clinic. Notify the Pharmacy of an injury with 24 hours to complete paperwork. Medical expenses for injuries are

covered with the exception of the following: employee's willful intent to hurt self or others, intoxication or drug use, horseplay, acts of God, and/or acts of a third party.

Progressive Discipline Policy: Pharmacy utilizes a progressive discipline process in cases of misconduct or unacceptable performance. This includes verbal warning, written warning and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, employee's past record and other circumstances.

Pharmacy Policies: I acknowledge that I have read, understand, and will comply with all applicable Pharmacy policies and guidelines.

Employee: _____ Date: _____

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by the Pharmacy and agree that the Pharmacy may conduct a State of Texas criminal history check and the Employee Misconduct Registry to determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Pharmacy.

Criminal History Check

I have informed this Pharmacy of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have patient contact until results are returned.

CONVICTIONS BARRING EMPLOYMENT

(A) A Person for whom the Pharmacy is entitled to obtain criminal history record information may not be employed in a Pharmacy if the person has been convicted of an offense listed in this subsection:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.11, Penal Code (indecent with a child);
- An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- An offense under Section 21.15, Penal Code (improper photography or visual recording);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- An offense under Section 22.05, Penal Code (deadly conduct);
- An offense under Section 22.07, Penal Code (terroristic threat);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02 Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- An offense under Section 33.021, Penal Code (online solicitation of a minor);
- An offense under Section 34.02, Penal Code (money laundering);
- An offense under Section 35A.02 Penal Code (Medicaid fraud);
- An offense under Section 42.09, Penal Code (cruelty to animals); or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.

- An offense the Pharmacy determines to be contraindicated to employment with the consumers the Pharmacy serves

(B) A person may also be barred from employment the duties of which involve direct contract with a patient in a Pharmacy in convicted of any of the following crimes within the past 5 years:

- An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as a felony);
- An offense under Section 30.02, Penal Code (burglary);
- An offense under Chapter 31, Penal Code (theft that is punishable as a felony);
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
- An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony).
- An offense under Section 37.12, Penal Code (false identification as a peace officer); or
- An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment. I understand that all information obtained by this Pharmacy regarding any criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature of Applicant _____ **Date** _____

Job Description/ Evaluation

Title: Certified Pharmacy Technician

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Job Summary: To be able to read and type prescriptions as prescribed and get them ready for the pharmacist to verify. Be able to effectively communicate with patients, doctors, employees, and other healthcare providers. Be able to control and maintain good inventory. Be able to keep the work place clean and organized.

Primary function is to provide assistance to the pharmacist in processing and filling of prescriptions, answering the phone, proper and accurate inventory management; to assist in providing a safe and clean environment, work cooperatively with patients and caretakers and share observations and problems with the supervisor.

Job Qualifications:

Education: High school or GED preferred.

Licensure: Must have current drivers license or reliable transportation to travel to assignments and Certified Pharmacy technician or trainee.

Experience: 1 year experience in pharmacy and/or willingness to learn

Skills: Must be able to read and write in English and follow written and verbal instructions in English effectively.

Competent to perform tasks assigned by the pharmacist and as required by Texas Board of Pharmacy

Environmental and Working Condition: Work in the Pharmacy and deliveries to patient's residence or client's facility. Ability to work flexible schedule, ability to travel locally; some exposure to unpleasant weather.

Physical and Mental Effort:

Prolonged standing and walking required. Ability to lift up to 50 pounds. Requires working under some stressful conditions to meet deadlines, to identify patient needs, to make quick decisions and meet patient's needs. Requires hand-eye coordination and manual dexterity.

Essential Functions :

Ability to communicate effectively and timely with co-workers, clients, and healthcare workers.

Ability to maintain workflow. Ability to use electronic devices and maneuver online.

Evaluation:

Promote positive, supportive, respectful communication to patient/family and other employees and healthcare providers

Provide an environment which promotes respect for patient, privacy and property

Provide exceptional customer service

Provide a clean, safe, organized and comfortable environment.

Provide skills necessary to perform services according to Pharmacy policy.

Contribute to the management and efficient operation of the Pharmacy and demonstrate effective time management skills.

Demonstrate commitment, professional growth and competency by attending required in-services.

Promote the Pharmacy philosophy and administrative policies to ensure quality of care.

Statement of Understanding: I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate my employment at any time for failure to perform satisfactorily.

Employee's Signature:

Date:

HEPATITIS B VACCINATION

Due to your occupational exposure to blood or other potentially infectious materials, you may be at risk for acquiring hepatitis B viral (HBV) infection. The vaccination series is available, at no cost, to you. Please indicate below your declination or acceptance to receive the vaccine.

Hepatitis B is a blood borne Virus which can cause a range of symptoms from mild to serious, and possibly result in fatal liver damage to health care workers who become infected. The virus can be transmitted through contact with infectious fluids of a patient who has hepatitis B virus. You have been taught the concepts of Universal Precautions concerning safe patient care and the use of equipment to avoid unnecessary exposure.

Synthetic hepatitis B vaccine is derived from yeast cells. It is not composed of human blood or plasma. It is given as a series of three injections into the arm muscle as prescribed intervals (initial shot, one month later, and six months later). It has proven to be over 80-90% effective in protecting against the disease. There may be hypersensitivity to the vaccine, and there may be soreness and swelling of the injection arm. Other side effects may occur at an incidence of under 3% of injections.

The vaccine will not be given to persons with known sensitivity to aluminum hydroxide, thimerosal, and yeast or hepatitis antigen and will only be given with your personal physician's recommendations in the cases of pregnancy or presence of other infection of immunosuppressive state. The vaccine does not grant 100% assurance of immunity.

Acceptance: I have read the above information describing the risks and benefits of receiving the vaccination. I understand that the decision to receive the vaccination series is mine and I wish to receive the hepatitis B vaccine.

Employee Signature _____ Date _____ Witness: _____

Declination: () I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I

decline the vaccination series. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis B. If I continue to have occupational exposure to blood or other potentially infectious material (OPIM) and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

() I have already received the hepatitis vaccine at an earlier date.

(Choose one) () I am () **I am not** providing a copy of the record to the Pharmacy.

Employee Signature _____ Date _____ Witness: _____