

# Select Pharmacy Staffing

Please disregard any information that you feel will result in unlawful discrimination.

**CONFIDENTIAL**

Date / /		Desired start date		Are you working now? Temp: Yes <input type="checkbox"/> No <input type="checkbox"/> Perm: Yes <input type="checkbox"/> No <input type="checkbox"/>			Will you workTemp? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Name		First		Middle		Res. phone ( )			
Home Address		City		State		Zip		Bus. phone ( )	
Person to notify in emergency		Res. phone ( )		Bus. phone ( )		Position Desired			
Cellular phone ( )		Pager ( )		E-Mail Address					
Temporary Desired Hrly. \$ _____ Minimum Hrly. \$ _____				Permanent Desired \$ _____ Minimum \$ _____					
Social Security #		Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		Languages			Counselor/office		
<b>EMPLOYMENT: LAST POSITION FIRST</b>									
From (Month & Year)		To (Month & Year)		Name of Company		City		Phone ( )	
Your Position title		Salary: Start/End		Name & Title of Supervisor		# of Empl. in Dept.		Type of Business	
Duties:									
Reason for leaving:									
							May we check this employer for reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		
From (Month & Year)		To (Month & Year)		Name of Company		City		Phone ( )	
Your Position title		Salary: Start/End		Name & Title of Supervisor		# of Empl. in Dept.		Type of Business	
Duties:									
Reason for leaving:									
							May we check this employer for reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		
From (Month & Year)		To (Month & Year)		Name of Company		City		Phone ( )	
Your Position title		Salary: Start/End		Name & Title of Supervisor		# of Empl. in Dept.		Type of Business	
Duties:									
Reason for leaving:									
							May we check this employer for reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>EDUCATION</b>									
College/University		Location (City & State)		From	To	Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	GPA	Degree	Major
High School						Yes <input type="checkbox"/> No <input type="checkbox"/>			

This information is given to SELECT to assist me in securing employment. I am genuinely interested in actual employment with or through SELECT and have not applied under false pretenses. I hereby authorize SELECT to act as my agent in this matter. I authorize companies, etc. named in this application, except those specifically listed here, \_\_\_\_\_, to furnish SELECT with any information they request. I release them and SELECT from any liability from so acting. All statements in my application are true and correct. I understand that false or inaccurate information will be grounds for termination. I authorize SELECT to investigate, verify, and to release information about my background and performance at SELECT to other firms and persons.

SIGNED \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes:

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# Select Pharmacy Staffing

Check where you have significant experience.

<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Pharmacy Student graduation yr _____ <b>Shifts Available</b> days/week <input type="checkbox"/> Day _____ <input type="checkbox"/> Nights _____ <input type="checkbox"/> Evenings _____ <input type="checkbox"/> Weekends _____ <input type="checkbox"/> Other _____	<b>Retail Skills</b> Yrs. Exp. _____ <input type="checkbox"/> Pharmacist in Charge <input type="checkbox"/> Staff RPH <input type="checkbox"/> Other _____ <input type="checkbox"/> # Scripts / day _____ <input type="checkbox"/> Unit Dose	<b>Hospital Skills</b> Yrs. Exp. _____ <input type="checkbox"/> Dir. of Pharmacy <input type="checkbox"/> Clinical RPH <input type="checkbox"/> Staff RPH <input type="checkbox"/> Unit Dose <input type="checkbox"/> Mix/Check IV's <input type="checkbox"/> Automated mixing <input type="checkbox"/> Manual mixing # Beds _____	<b>Hm. Infs. Skills</b> Yrs. Exp. _____ <input type="checkbox"/> Pharmacy Mgr. <input type="checkbox"/> Clinical RPH <input type="checkbox"/> Staff RPH <input type="checkbox"/> Mix/Check IV's <input type="checkbox"/> Automated mixing <input type="checkbox"/> Manual mixing <input type="checkbox"/> # Patients serviced _____ <input type="checkbox"/> # Homes serviced _____	<b>L.T.C. Skills</b> Yrs. Exp. _____ <input type="checkbox"/> Pharmacist in Charge <input type="checkbox"/> Clinical RPH <input type="checkbox"/> Staff RPH <input type="checkbox"/> Mix/Check IV's <input type="checkbox"/> Evaluate Care Plans <input type="checkbox"/> Make recommendations <input type="checkbox"/> Unit Dose <input type="checkbox"/> Other _____ <input type="checkbox"/> # Beds serviced _____ <input type="checkbox"/> # Homes serviced _____
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<b>Type of Business</b> <input type="checkbox"/> Retail <input type="checkbox"/> Hospital <input type="checkbox"/> LTC / Nursing Home <input type="checkbox"/> Home Infusion <input type="checkbox"/> Other _____	<b>Automation Type</b> <input type="checkbox"/> Baxter <input type="checkbox"/> Abbott <input type="checkbox"/> McKesson <input type="checkbox"/> Pyxis <input type="checkbox"/> Other _____	<b>Software Packages</b> <input type="checkbox"/> PDX <input type="checkbox"/> Renlar <input type="checkbox"/> NDC <input type="checkbox"/> QS1 <input type="checkbox"/> Other _____	<b>IV Experience</b> <input type="checkbox"/> AB <input type="checkbox"/> TPN <input type="checkbox"/> Piggyback <input type="checkbox"/> Chemo <input type="checkbox"/> Kinetics <input type="checkbox"/> Other _____	<b>Specialty</b> <input type="checkbox"/> Pediatrics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Oncology <input type="checkbox"/> Nuclear <input type="checkbox"/> Nutrition <input type="checkbox"/> Infectious Disease
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Other environment or type or business:	<b>Disease State Mgmt.</b> <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Other _____	<input type="checkbox"/> Pharm. D <input type="checkbox"/> Masters/MBA <input type="checkbox"/> Bachelor <input type="checkbox"/> Associates <input type="checkbox"/> High School <input type="checkbox"/> GED
Description of duties:		
Special skills or interest:		

Pharmacy Lic. #1: State: _____ Lic. #: _____ Exp.: _____	Pharmacy Lic. #2: State: _____ Lic. #: _____ Exp.: _____
Do you carry a license in any other states: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what state/states:
Have any of your pharmacy licenses ever been on probation or revoked: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe action taken, when and why:
Malpractice insurance carrier:	Policy #: _____ Exp.: _____

RECENT TEMPORARY POSITIONS					
Dates	Company / Supervisor	Position / Duties	Rate	Agency	Did you complete this assignment?

<b>FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)</b>	
How long have you been looking?	How quickly do you want to move?
Name three things that are important to you on the job.	<input type="checkbox"/> Counter Offer <input type="checkbox"/> Other Interviews <input type="checkbox"/> Under Consideration <input type="checkbox"/> Gaps in Work History <input type="checkbox"/> Employer Aware <input type="checkbox"/> Good References
What have you not liked in the jobs you have looked at?	
What duties have you liked most? Least?	


**SELECT PHARMACY STAFFING**  
INTERIM DIRECT HIRE

**REFERENCE INFORMATION**

Our clients require business and Peer references from prospective candidates. Signing the disclosure statement below allows us to check your references, which will only be done when we deem it necessary to further the placement process or to verify the information you have given us. *Reference and Salary information is always kept in the strictest professional confidence.*

If you are working, we realize that in most cases you cannot use your current manager as a reference. Managers from a previous employer are acceptable as are **trusted** peers in your current company.

**Disclosure Statement**

I understand that **Select Pharmacy Staffing** may conduct a reference check. This reference may include information regarding character, work record, general knowledge and capabilities, and reputation. I hereby acknowledge that I have read and understand this statement, and hereby authorize Select Staffing to obtain a reference check as described below.

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**BUSINESS REFERENCE**

We request recent information from a former or current supervisor

**Name Title Company Phone Email**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PEER REFERENCE**

Please provide two former or current co-workers who had a similar level of responsibility.

**Name Title Company Phone Email**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_