

Please return this application to either one of our 2 locations below:

|  |  |
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| <p><b>Lihue Pharmacy</b><br/>4491-A Kolopa Street<br/>Lihue, HI 96766<br/>Ph 808-246-9100<br/>Fax 808-246-9199</p> | <p><b>Kapaa Pharmacy dba<br/>Lihue Clinic Pharmacy</b><br/>3216 Elua Street<br/>Lihue, HI 96766<br/>Ph 808-246-6900<br/>Fax 808-246-6906</p> |
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Or You may Email: [INFO@KAUAIRX.COM](mailto:INFO@KAUAIRX.COM)  
Total Pages to Return: 4

**Upon Receipt of Your Completed Application, You Will Be Contacted To Schedule An Interview**

# APPLICATION FOR EMPLOYMENT

*Company use only*

Interviewed  Not interviewed  Qualified  Not qualified  References checked  
 Background checked  Hired  Hold app. \_\_\_\_\_ mos

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status or any other legally-protected status.

(PLEASE PRINT)

|  |  |                     |
|--|--|---------------------|
| Position(s) applied for                    |  | Date of application |
| How did you learn about us?                | <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry       |                     |
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ |                     |
| <input type="checkbox"/> Employment Agency |  |                     |

|                     |                    |                        |
|---------------------|--------------------|------------------------|
| Last name           | First name         | Middle name            |
| Address Number      | Street             | City                   |
|                     |                    | State                  |
|                     |                    | ZIP                    |
| Telephone Number(s) | E-Mail address(es) | Social Security Number |

Best time to contact you at  home  other \_\_\_\_\_ is \_\_\_\_\_:\_\_\_\_\_  AM  PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before? If yes, give date \_\_\_\_\_  YES  NO

Have you ever been employed with us before? If yes, give date \_\_\_\_\_  YES  NO

Do any of your friends or relatives, other than spouse, work here?  YES  NO  
 If yes, state name, relationship, and location

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?  YES  NO

*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary? From \_\_\_\_\_ To \_\_\_\_\_

Are you available to work:  Full time Please indicate 1 2 3 shift  
 Part time Please indicate  Morning  Afternoon  Evening  
 Temporary Please indicate dates available \_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel, if a job requires it?  YES  NO

| EDUCATION              |                            |                 |                 |                 |
|------------------------|----------------------------|-----------------|-----------------|-----------------|
| SCHOOL                 | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DIPLOMA/ DEGREE |
| HIGH SCHOOL            |                            |                 |                 |                 |
| UNDERGRADUATE COLLEGE  |                            |                 |                 |                 |
| GRADUATE/ PROFESSIONAL |                            |                 |                 |                 |
| OTHER (SPECIFY)        |                            |                 |                 |                 |

**WORK EXPERIENCE LIST PAST THREE EMPLOYERS OR LAST TEN YEARS. Include explanation of any gaps in employment.**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status or any other legally-protected status.

|                            |   |    |                       |
|----------------------------|---|----|-----------------------|
| Employer                   | <b>Dates Employed</b>   |    | <b>Work performed</b> |
| Address                    | From  | To |                       |
| Telephone Number(s)        |   |    |                       |
| Starting/Present Job Title | <b>Hourly Rate/Salary</b>   |    |                       |
| Supervisor                 |   |    |                       |
| Reason for leaving         | <b>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> |    |                       |
| Employer                   | <b>Dates Employed</b>   |    | <b>Work performed</b> |
| Address                    | From  | To |                       |
| Telephone Number(s)        |   |    |                       |
| Starting/Present Job Title | <b>Hourly Rate/Salary</b>   |    |                       |
| Supervisor                 |   |    |                       |
| Reason for leaving         | <b>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> |    |                       |
| Employer                   | <b>Dates Employed</b>   |    | <b>Work performed</b> |
| Address                    | From  | To |                       |
| Telephone Number(s)        |   |    |                       |
| Starting/Present Job Title | <b>Hourly Rate/Salary</b>   |    |                       |
| Supervisor                 |   |    |                       |
| Reason for leaving         | <b>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> |    |                       |
| Employer                   | <b>Dates Employed</b>   |    | <b>Work performed</b> |
| Address                    | From  | To |                       |
| Telephone Number(s)        |   |    |                       |
| Starting/Present Job Title | <b>Hourly Rate/Salary</b>   |    |                       |
| Supervisor                 |   |    |                       |
| Reason for leaving         | <b>May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> |    |                       |

If necessary, continue listing work experience on another piece of paper.

**Describe any specialized training, apprenticeship, skills, and extra curricular activities.**

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**Describe any job related training in the United States Military.**

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**List professional, trade, business or civic activities and offices held.**  
You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status or any other legally-protected status.

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**Additional Information / Other qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills** ( ✓ Skills/Equipment Operated)

- Terminal                       Spreadsheet                       Word processor wpm \_\_\_\_\_                       Typewriter    wpm \_\_\_\_\_
- Medical billing                       AP/AR                       Medical terminology                       Medical equipment

***Describe any additional skills or other information you feel may be helpful to us in considering your application.***

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Note to applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**  
 Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given to me.  YES     NO

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members or past supervisors

| <i>Name</i> | <i>Phone number</i> | <i>Best time to call</i> | <i>Occupation</i> |
|-------------|---------------------|--------------------------|-------------------|
|             |                     |                          |                   |
|             |                     |                          |                   |
|             |                     |                          |                   |

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days unless otherwise noted. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the policies, procedures, rules, and regulations of the employer

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

\_\_\_\_\_  
Date

**Supplemental Notice for Personnel Applications**

**Lihu`e Pharmacy Group and its affiliates have adopted the health industry standard rule to perform detailed criminal and credit background checks on applicants AS A CONDITION OF EMPLOYMENT.**

**"I hereby give permission to Lihu`e Pharmacy Group and its affiliates to perform detailed criminal and credit background checks based on this application for employment. I am aware that these checks are required AS A CONDITION OF EMPLOYMENT. I understand that if these background checks disclose information that I have not included in my application for employment, such information may be grounds for dismissal. I have read and understood this statement and aware it will be filed in my personnel folder.**

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

\_\_\_\_\_  
Date

*Interviewer Use Only*

**Interview Notes**