



# pharmatech<sup>tm</sup> associates

## Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, political belief, physical or mental disability that does not prohibit performance of essential job functions or any other classification protected by federal, state, or local law.

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

### I. Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address City State Zip

Permanent Address (if different from above)

SSN (last 4 digits) Email Address

Home Telephone Mobile Telephone

Please select the preferred method of communication: Email, Mobile Telephone, Home Telephone, Text Message (Select One)

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: \_\_\_\_\_

1. If hired, do you have unrestricted authorization to work in the U.S.? \_\_\_ Yes \_\_\_ No

2. Do you now or will you in the future ever need to be sponsored by Pharmatech Associates for employment?  
Please specify: \_\_\_ Yes \_\_\_ No

3. Do you have any relatives who are presently (or have formerly been) employed by Pharmatech Associates, Inc.?      Yes                      No

If yes, please include the name and position (if known) of your family member:

4. How did you learn of Pharmatech Associates, Inc.? \_\_\_\_\_

5. Have you ever been discharged from any job position? \_\_\_\_ Yes    \_\_\_\_ No    If yes, please explain:

7. Debarment and Exclusion. Have you ever been, are currently, or are the subject of a proceeding that could lead to becoming, a Debarred Entity or Individual, an Excluded Entity or Individual or a Convicted Entity or Individual. \_\_\_\_ Yes \_\_\_\_ No    If yes, please explain:

---

## II. Educational History

School Name	Address	Yrs Completed or Degree & Yr Completed
High School		
College		
Tech.		
Training		
Other		

List current Professional Licenses and Registrations. Give state, branch, certificate number and expiration date:

_____ 1. _____ Certification Name    State    Certificate #    Expiration	_____ 2. _____ Certification Name    State    Certificate #    Expiration
_____ 3. _____ Certification Name    State    Certificate #    Expiration	_____ 4. _____ Certification Name    State    Certificate #    Expiration
_____ 5. _____ Certification Name    State    Certificate #    Expiration	_____ 6. _____ Certification Name    State    Certificate #    Expiration

List membership/activities in technical associates, professional societies, college and other honors:

List courses taken which are related to the type of work desired:

**III. Employment Record** *Please include all employment for the last five years.*

1. \_\_\_\_\_  
Company Name (Current or Most Recent Employer)      Position Held

\_\_\_\_\_  
Address    City    State    Zip

Dates Employed: \_\_\_\_\_  
                                        From    To

\_\_\_\_\_  
Manager/Supervisor                          Telephone

\_\_\_\_\_  
Reason For Leaving

\_\_\_\_\_

Description of Work Duties, Responsibilities and Equipment Used

2. \_\_\_\_\_  
Company Name (Current or Most Recent Employer)      Position Held

\_\_\_\_\_  
Address    City    State    Zip

Dates Employed: \_\_\_\_\_  
                                        From    To

\_\_\_\_\_  
Manager/Supervisor                          Telephone

\_\_\_\_\_  
Reason For Leaving

\_\_\_\_\_

Description of Work Duties, Responsibilities and Equipment Used

3. \_\_\_\_\_  
Company Name (Current or Most Recent Employer)      Position Held

\_\_\_\_\_  
Address    City    State    Zip

Dates Employed: \_\_\_\_\_  
                                        From    To

\_\_\_\_\_  
Manager/Supervisor                          Telephone

\_\_\_\_\_  
Reason For Leaving

\_\_\_\_\_

Description of Work Duties, Responsibilities and Equipment Used

**NOTE:** Use a separate sheet to list additional employers, if necessary. We may contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

#### **IV. References** *Please include professional references.*

1. \_\_\_\_\_  
Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_

---

2. \_\_\_\_\_  
Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_

---

3. \_\_\_\_\_  
Name \_\_\_\_\_ Years Known \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_

#### **V. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work?
2. Do you have any objection to working overtime? ( ) Yes ( ) No
3. Can you work overtime without prior notice? ( ) Yes ( ) No
4. Can you work on Saturday? ( ) Yes ( ) No
5. Can you work on Sunday? ( ) Yes ( ) No
6. Can you travel if required by this position? ( ) Yes ( ) No
7. If yes, what percentage of travel are you comfortable with:

#### **VI. Salary/Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require? \$ \_\_\_\_\_ per \_\_\_\_\_ as an

## VII. Special Skills, Awards or Certificates

1. List any special awards, skills, certifications, training, etc.

I understand and acknowledge the following:

1. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my qualifications for employment, and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my motor vehicle record, criminal record, and consumer credit history.
2. If I am offered employment, I will, as a condition of my employment, furnish proof of my identity, that I am over 18 years of age and my legal right to work in the United States.
3. I understand that if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, may result in my immediate dismissal.
4. I agree that, if I am offered employment, I will be required to conform to the rules and standards of the Company.
5. **I agree that if I am offered a position it will be offered on the condition that MY EMPLOYMENT SHALL BE "AT-WILL" AND FOR NO DEFINITE PERIOD, AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME BY ME OR THE COMPANY, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE. I understand that, except for the CEO of the Company, no person may alter or amend this agreement about my "at-will" status. Only the CEO has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and any such agreement must be in a writing signed by me and the CEO of the Company.**
6. If I am offered employment, I will, as a condition of my employment complete a background check and drug screen. I further acknowledge that an unfavorable background check or failed drug screen may preclude me from working for Pharmatech.
7. I understand that if I am employed by Pharmatech, I may be subject to random drug tests as required by Pharmatech's clients. If I fail a random drug test, I understand that I may be suspended without pay or my employment terminated.
8. As a condition of my possible work with Pharmatech, I hereby agree at all times prior to any possible work, during my work with PAI and thereafter, to hold in strict confidence and not use, except for the benefit of PAI, any client company or PAI confidential information. I will not disclose, either directly or indirectly, in writing or orally, to any person, firm or corporation without written authorization from the CEO of Pharmatech, any confidential information, technical data, "know-how", including, but not limited to, services, customer lists, markets, technical information, marketing, finances or other business information disclosed to me by Pharmatech or its clients.
9. I further attest that I have not entered into any legal agreement, written or verbal, which will limit my ability to fully execute any future job responsibilities for Pharmatech Associates and / or to provide service to Pharmatech's clients. I guarantee that no former employer will view my employment with Pharmatech Associates as a "conflict of interest.."
10. I hereby agree at all times during my work with Pharmatech and thereafter, not to use PAI's assets, including but not limited to client / contact lists, for the benefit of me or others.
11. My signature below certifies that I have read, understand, and agree to the foregoing and to the best of my knowledge and belief, the information on the application form is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date