



Employment Application

121 Point West Blvd. * St. Charles, MO * 63301 * 636-925-0001 * FAX 636-925-0041

Date: / /

Name and Address

Name					Social Security # :											
Last		First			Middle					Home Phone :						
Present address										Cell phone:						
No.		Street			City		State		Zip			# of years at present address:				
Previous address										# of years at previous address:						
No.		Street			City		State		Zip			Email address:				

Position Desired

Position applying for:		Office hours consist of an 8 hour, department specific, shift between the hours of 7:30am to 5:30pm, Monday thru Friday.			What hourly rate/salary do you expect?				
Do you prefer (check one): Full time Part time Temporary		Plant hours are: (please check the shift you are able to work)			What date are you available to start?				
Are you available to work Overtime? Yes No		1 st shift – 6am to 2:30pm, Monday thru Friday 2 nd shift – 2:30pm to 10pm, Monday thru Friday 3 rd shift – 10pm to 6am, Sunday thru Thursday			If you are under 18 can you provide an employment or age certificate? Yes No				

Education

	Name of School	Address	Curriculum/Major	Graduate?
High School				Yes No
College				Yes No
Other (specify)				Yes No

Other Information

How were you referred to Rx Systems? Advertisement Employee referral (please provide employee name) Walk in Other		Have you ever been known by a different name? Yes No If yes, please list name: _____ If hired can you present proof of your legal right to work in the US? Yes No		Can you perform the essential functions for the job applied for either with or without reasonable accommodation? Yes No If no, list the function you cannot perform.	
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List any relative (including in-laws) who currently work , or in the past, have worked at Rx Systems:

Military Service

Dates of Duty: From ____/____/____ to ____/____/____ Rank at Discharge _____

Branch of Service _____ List of duties in the service including special training _____

EMPLOYMENT HISTORY

List below all past employment, beginning with most recent

Company name, address and phone #	From		To		Describe the work performed	Starting hourly rate/Salary	Ending hourly rate/Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

Summarize here any additional experience and/or skills you may have.

ACKNOWLEDGEMENTS AND AGREEMENTS

ALL APPLICANTS - Please read the following and address any question to the Human Resources Representative before signing below:

I authorize Rx Systems and its agents to request, obtain, and use consumer reports, including without limitation, investigative consumer reports, now and at any time, to evaluate hiring, promoting, reassigning, transferring, retaining or discharging me.

I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all non-medical information as permitted by law pertinent to my employment and release the same from any liability resulting from providing such information. Rx Systems and its agents have my permission to make said inquiries and I hereby release RX and its agents from any liability in making said request or in relying on the information received.

I understand that satisfactory reports are a condition of my employment with Rx Systems. I further understand that my employment with Rx Systems will be terminated if management determines that said reports are unsatisfactory.

I understand that if I am employed, employment is not for a stated period. Either Rx Systems or I may discontinue the employment relationship at any time without cause or notice.

I acknowledge that Rx Systems may request, after a job offer has been made and/or during my employment, that I undergo drug and/or alcohol testing and may request, after a job offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when post offer drug and/or alcohol testing is required, a satisfactory result is a condition of employment with Rx Systems.

I certify that all statement and answers made on the Employment application are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false or that information is omitted, such false statements or omissions will be considered grounds for termination of my employment.

The facts set forth above are true and complete to the best of my knowledge;

Signature

____/____/_____
Date

***EQUAL OPPORTUNITY EMPLOYER: Rx Systems is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.**

*** Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.**