

Application For Employment

PLEASE COMPLETE PAGES 1-4. PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

This application is current for thirty (30) days from the date submitted; thereafter, if you have not heard from All American Pharmaceutical (AAP) and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Any applicant who needs reasonable accommodations for any step of the hiring process to demonstrate any qualifications to perform the duties of the job being applied for should inform AAP.

PERSONAL INFORMATION					
Name: _____		Date: _____			
Last	First	Middle			
Other Names Used: _____			Telephone Number: _____		
Present Address: _____					
No.	Street	City	State	Zip	
How long at this address? _____		Social Security Number: _____ - _____ - _____			
If under 18, please list your age: _____		Position applied for: _____			
Salary desired: _____		Date available for work: _____			
How many hours can you work weekly? _____		Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment desired: <input type="checkbox"/> Full Time only <input type="checkbox"/> Part Time only <input type="checkbox"/> Either Full Time or Part Time					
Days/hours available to work: Monday _____ Tuesday _____ Wednesday _____					
Thursday _____ Friday _____ <input type="checkbox"/> No Preference					
Have you ever worked for AAP before?		If Yes, when and where?		Supervisor:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____		_____	
List any relatives presently working for AAP: _____					
Are you allergic to anything that would prevent you from carrying out essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, explain number of conviction(s), nature of offense(s) leading to convictions, how recently such offense(s) were committed, sentence(s) imposed, and type(s) of rehabilitation. Such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.					

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EDUCATION			
Type of School	Name and Address of School	Circle Last Grade Completed	Major & Degree
High School		10 11 12	
College		1 2 3 4	
Business or Trade School		1 2 3 4	

MILITARY
Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now a member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty: _____ Date Entered: _____ Date Discharged: _____

WORK EXPERIENCE
Please list your work experience for the <u>past five years</u> beginning with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if necessary.

Name & Address of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
		From:	Start:
		To:	Finish:
Phone Number:	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

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WORK EXPERIENCE (cont'd)

Name & Address of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
		From:	Start:
		To:	Finish:
Phone Number:	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

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PLEASE READ CAREFULLY

- ◆ Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other AAP practices, shall serve to create an actual or implied contract of employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the President of AAP. Both the undersigned and AAP may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.
- ◆ I authorize investigation of all statements contained in this application. ***I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.*** I authorize the investigation of all matters contained in this application and hereby give AAP permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release AAP from any liability as a result of such contact.
- ◆ The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency and investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.
- ◆ I understand that All American Pharmaceutical maintains a **zero-tolerance** policy to ensure that its employees are free from the use and effects of alcohol, illegal drugs, or other controlled substances and prohibited items while on company premises.
- ◆ I understand that All American Pharmaceutical does not recognize the validity of a Medical Marijuana card.
- ◆ If offered a position, I understand that I am required to successfully pass a pre-employment drug test before reporting for work, and that All American Pharmaceutical may at its discretion and at any time conduct drug screening of its employees chosen at random.
- ◆ I further understand that my employment with this company shall be probationary for a period of up to 160 days, and further, that at any time during the probationary period and thereafter, my employment relation with the company is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: _____

**RETURN OR MAIL THIS APPLICATION TO:
ALL AMERICAN PHARMACEUTICAL, 2376 MAIN STREET, BILLINGS, MT 59105**

AAP IS AN EQUAL OPPORTUNITY EMPLOYER.

**THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN
ALL AMERICAN PHARMACEUTICAL & NATURAL FOODS CORPORATION.**

