

**PHARMA PAC, LLC**

**PRO DERMA, LLC**

110 INDUSTRIAL PARK DRIVE  
DEKALB, MS 39328  
PHONE: 601-743-9771 FAX: 601-743-9772

**APPLICATION FOR EMPLOYMENT**

**Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability or other unlawful criteria.**

Last Name	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
How long have you been at the above address?			Social Security #
Please list your three (3) previous addresses. 1)  2)  3)			How long were you at each address? 1)  2)  3)
Have you ever applied for employment with Pharma Pac and/or Pro Derma? Yes No If yes, Month and Year _____ Location _____			
Position Desired			Pay Expected
Apart from absences for religious observance, are you available for full-time work? Yes No If not, what hours can you work? _____			Will you work overtime, if asked? Yes No
Are you a U.S. citizen or legally authorized to work in the United States?			When will you be available to begin work?
<b>EMPLOYMENT HISTORY I</b>			Please give an accurate and complete record of your full-time and part-time employment. Start with your present or most recent employer.
Company Name			Company Telephone ( )
Company Address			Employed – (state month and year) From To
Name of Supervisor			Weekly pay Start Last
State Your Job Title and Describe Your Work			Reason for Leaving

<b>EMPLOYMENT HISTORY II</b>	
Company Name	Company Telephone ( )
Company Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay Start Last
State Your Job Title and Describe Your Work	Reason for Leaving
<b>EMPLOYMENT HISTORY III</b>	
Company Name	Company Telephone ( )
Company Address	Employed – (state month and year) From To
Name of Supervisor	Weekly pay Start Last
State Your Job Title and Describe Your Work	Reason for Leaving
Pharma Pac and/or Pro Derma may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b> Employer Number(s)_____ Reason_____
<b>EDUCATION</b>	Describe other education or training.
Elementary 5 6 7 8 High School 1 2 3 4 Circle last year completed College 1 2 3 4	
Provide the names of the schools you attended and the dates of attendance.	Elementary School - From To
High School - From To	College - From To
Other (give names and dates)	Sex ↑ Male ↑Female
Have you ever been rejected for a bond? ↑ Yes ↑ No If “yes,” with what employers? Why?	Are you over 18 years of age? ↑ Yes ↑ No If not, employment is subject to verification of age and eligibility.
Have you been convicted of a felony criminal offense or a crime of moral turpitude in the past ten years, which has not been annulled or expunged? ↑ Yes ↑ No If “Yes,” describe in full.	
State the names of any of your relatives and friends working for Pharma Pac and/or Pro Derma.	

**AGREEMENT BY APPLICANT**

I understand and agree that Pharma Pac and/or Pro Derma (“Company”) may conduct or authorize another to conduct an investigation into my financial and/or credit history, workers’ compensation history, personal background or mode of living. Should such an investigation be undertaken, I am entitled, upon written request, to receive a copy of any investigative report compiled as a result thereof. I certify that all statements I have made on this application are true and correct, and I understand that any false statements may result in denial of employment or termination of my employment if I have already been hired. I authorize the Company to conduct investigations it deems appropriate to verify the statements I have made in this application and I hereby request my former employers and their representatives to release all information in their possession which Pharma Pac and/or Pro Derma may deem relevant to my application for employment. In exchange for consideration of my application, I also agree to release and hold harmless both the Company and any former employer or employer representative from any liability which they may incur in connection with the release of such information.

I understand that any employment relationship I enter into with Pharma Pac and/or Pro Derma is freely terminable at the will of either party. I understand that the Company is free to modify or revoke its policies, rules and procedures at any time, and I agree that nothing in the Company’s policies, rules or procedures is to be construed as a contract promise or guarantee of continued benefits or employment.

This application for employment will become void and no longer be considered upon the occurrence of: (1) the position for which I have applied becoming filled; (2) my acceptance of other employment; or (3) the expiration of thirty (30) calendar days from today. I have read, understand and agree to the foregoing. I understand it is my responsibility to reapply after that time if I desire further consideration for employment.

\_\_\_\_\_

\_\_\_\_\_

Date

Signature