



**Epic Pharma**  
**227-15 N. Conduit Avenue**  
**Laurelton, NY 11413**

## APPLICATION FOR EMPLOYMENT

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### AN EQUAL OPPORTUNITY EMPLOYER

Epic Pharma is an equal opportunity employer. Epic Pharma does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

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**DIRECTIONS:** Each area must be completely and truthfully answered. **Incomplete information could disqualify you from further consideration. PLEASE PRINT.**

#### PERSONAL INFORMATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Present Address \_\_\_\_\_  
Number Street City State Zip Code

Home Phone # \_\_\_\_\_ Mobile (Cell) Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### EMPLOYMENT DESIRED

Position desired \_\_\_\_\_ Rate of pay expected \_\_\_\_\_ per \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

Which shift(s) are you willing to work? \_\_\_\_\_ Days \_\_\_\_\_ Swing \_\_\_\_\_ Nights \_\_\_\_\_ Any

Can you work overtime, including weekends?  Yes  No Date you can start \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

Are you legally authorized to work in the United States of America?  Yes  No

If no, please explain: \_\_\_\_\_

Do you have any special skills, experience and/or training that would enhance your ability to perform in the position applied for? If yes, please explain.

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**REFERRAL SOURCE**

Do you know anyone who works for our company?  Yes  No **If yes, who?**

How did you hear about us? \_\_\_\_\_ Walk-In \_\_\_\_\_ Advertisement \_\_\_\_\_ Employee Referral  
 \_\_\_\_\_ Agency \_\_\_\_\_ Former Employee \_\_\_\_\_ Other

Have you ever worked for this company before?  Yes  No **If yes, please give details – date/position/department**\_\_\_\_\_

Have you ever been convicted of a felony? *A conviction record will not necessarily automatically disqualify you for employment.*  Yes  No **If yes, please provide details (dates and location for all convictions)**

**EDUCATION**

Type of School	Name and address of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name and Occupation	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**EMPLOYMENT HISTORY – List in order starting with the last or present employer first.** Incomplete information could disqualify you from further consideration.

From	To	Employer Name & Address	Telephone
Job Title			
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			

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Job Title			
Immediate supervisor and title			
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**DRUG/ALCOHOL CONSENT FORM**

**I UNDERSTAND THAT Epic Pharma, Inc. will require that my blood or urine be tested for the presence of drugs and/or alcohol as part of my preplacement screen, and I hereby consent to the Company collecting blood or urine samples from me. I understand that should the samples test positive for narcotics, hallucinogens, depressants, stimulants, marijuana or other controlled substances, it will affect my eligibility for employment. I agree to abide by any decision made by the Company in this regard.**

I hereby release any individual, company, or agency from all liability for damage whatsoever resulting from the issuance of information concerning me. (Epic Pharma acknowledges that all information secured will be treated as confidential.)

Signature\_\_\_\_\_Date\_\_\_\_\_

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Epic Pharma to verify their accuracy and to obtain reference information on my work performance. I hereby release Epic Pharma from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature\_\_\_\_\_Date\_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED AND DATED ABOVE. CONSIDERATION FOR EMPLOYMENT AFTER 60 DAYS REQUIRES A NEW APPLICATION.**