



12759 Q Street  
 Omaha, NE 68137  
 (402) 895-6812, ext 107  
 fax (402) 895-7037

**EMPLOYMENT APPLICATION**

Kohl's Pharmacy & Homecare, an equal opportunity employer, does not discriminate in hiring or terms or conditions of employment because of an individual's race, religion, color, sex, age, national origin, marital or veteran status, disability, or any other legally protected status. Please answer all questions as completely as possible. Your application will be considered active for sixty (60) days. For consideration after that you must reapply. We encourage applications from qualified individuals with disabilities. You may request any needed accommodation to participate in the application process.

Last Name	First Name	Middle Initial	Date
Address	Number	Street	City State ZIP
Telephone Number(s)	email address	Social Security Number	
Driver's License #	State Issued	Expiration Date	

Position applied for	Salary Desired	Date you can begin
Available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer/Holiday (Check all that apply.) <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Holidays		
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? If you require accommodations, what are they?	Yes No	
If you are under 18 years of age, can you provide required proof of your eligibility to work? (Leave blank if you are 18 years of age or older.)	Yes No	
Are you a disabled veteran? Are you a Vietnam-era veteran? Other veteran? Are you in the Reserves or National Guard?	Yes No Yes No Yes No Yes No	Branch, Rank, Duties?
Are you prevented from lawfully being employed in this country because of Visa or immigrant status? (Proof of identity and employment eligibility is required upon employment.)	Yes No	
Have you ever been discharged or asked to resign from a position? If yes, explain below.	Yes No	
Have you ever been convicted of any criminal violation of law, or are you now under pending investigation on charges of violation of criminal law (other than a minor traffic offense)? If yes, explain below.	Yes No	
Have you been the subject of any adverse action by and duly authorized sanctioning or disciplinary agency or are you now the subject of an investigation for either conduct based or performance based actions? If yes, explain below.	Yes No	
Have you been the subject of proceeding by Federal or State authorities to bar or exclude you from a Governmental health care program or Federal Procurement or Non-Procurement Program? If yes, explain below.	Yes No	
Are you now being investigated in connection with conduct that could be relied on to bar or exclude you from a Governmental health care program or Federal Procurement or Non-Procurement Program? If yes, explain below.	Yes No	
Is a debarment or exclusion proceeding now pending? If yes, explain below.	Yes No	
Explanation for questions above.		

**YOU MAY SUBMIT A RESUME` INSTEAD OF COMPLETING THE FOLLOWING.**  
**EDUCATION & TRAINING RECORD**

School	City/State	Did you graduate?	Diploma/GED Degree	Major/Field of Study
		Yes No Still Attending		
		Yes No Still Attending		

*Identify the needs of customers to improve their quality of life.*

**YOU MAY SUBMIT A RESUME` INSTEAD OF COMPLETING THE FOLLOWING.**  
**EMPLOYMENT HISTORY**

List present and previous positions within the last seven years, listing the most recent first. Include military service and volunteer work where applicable. Explain any breaks in your employment history. (Please indicate under "Duties").  
 Answer all questions completely.

Employer Name		Position/Title	
Employer Street Address		City	State Zip
		Telephone ( )	
Dates of Employment Start End	Name(s) used if different from your present name	Starting Salary	Ending Salary
Full Name of Supervisor		Duties	
Reason for Leaving			

Employer Name		Position/Title	
Employer Street Address		City	State Zip
		Telephone ( )	
Dates of Employment Start End	Name(s) used if different from your present name	Starting Salary	Ending Salary
Full Name of Supervisor		Duties	
Reason for Leaving			

Employer Name		Position/Title	
Employer Street Address		City	State Zip
		Telephone ( )	
Dates of Employment Start End	Name(s) used if different from your present name	Starting Salary	Ending Salary
Full Name of Supervisor		Duties	
Reason for Leaving			

May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list reason.
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**PROFESSIONAL REFERENCES**

List at least three references, other than relatives, who have knowledge of your skills and abilities.

Name	Address	Relationship	Phone

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## CONSENT & DISCLOSURE

Kohll's Pharmacy & Homecare appreciates your interest in joining this organization. Employment at Kohll's requires dedication, trust, and honesty. As part of the application and hiring process, we will request an investigative report about you, which may include a background investigation, consistent with applicable federal and state laws, which include obtaining information on convictions and/or pending prosecutions as well as any information contained in the Department of Motor Vehicles records, and other factors that may be relevant to your qualifications to work at our company.

**By signing this form, you are doing the following, so please read carefully:**

- Authorizing Kohll's Pharmacy & Homecare to contact law enforcement and other government agencies, and other persons or agencies which may have information about you. You further authorize such agencies and parties to issue applicable reports and provide information to Kohll's Pharmacy & Homecare.
- Authorizing Kohll's Pharmacy & Homecare to investigate all the statements and matters in your application and any other information provided by you during the application process or other qualifications to work at Kohll's Pharmacy & Homecare.
- Authorizing Kohll's Pharmacy & Homecare to use and show information you have provided on your application to other persons in order to conduct an investigation and to verify the truthfulness and completeness of the information you have provided; and

You understand that you have the right to request, in writing, within a reasonable period of time after today's date, that if an investigative consumer report is requested by Kohll's Pharmacy & Homecare concerning you, that you be furnished a complete and accurate disclosure of the nature and scope of the information requested and a written summary of your rights prepared as prescribed by law. If such a request is made, Kohll's Pharmacy & Homecare will mail or otherwise deliver such disclosure and such summary in written form to you not later than five days after the request was received from you or the date the investigative consumer report was first requested by Kohll's Pharmacy & Homecare, whichever is later.

You also agree to cooperate in any investigation. You agree to release Kohll's Pharmacy & Homecare, including all officers, agents, and representatives, from any and all liability and damages arising out of any background inquiry concerning you.

You hereby consent to this investigation and authorize Kohll's Pharmacy & Homecare to procure a consumer report and/or an investigative consumer report on your background.

**Please Note:** *You are NOT creating a "contract of employment" with Kohll's Pharmacy & Homecare by signing this form. If hired, both you and Kohll's Pharmacy & Homecare have the right to end your employment at any time for any reason.*

**You agree that:**

- **You have read this form carefully and understand it.**
- **Your signature below indicates your voluntary agreement to the above statements.**

THE FOLLOWING INFORMATION IS REQUESTED SOLEY FOR PURPOSES OF CONDUCTING A BACKGROUND INVESTIGATION.

After reading the above statements:

1. Print your name, Social Security Number, Birth Month and Day, and address on the lines below.
2. Sign this form and return it to Kohll's Pharmacy & Homecare Personnel Office.

\_\_\_\_\_  
Print Name

\_\_\_\_\_/\_\_\_\_\_(Do not include year.)  
Birth Month Birth Day (e.g. May 21)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BACKGROUND INVESTIGATION WILL BE COMPLETED AT TIME OF HIRE.**

**The existence of a criminal record will not automatically disqualify you from employment.**

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