

Dear Applicant:

We are pleased that you are interested in employment at Bi-Mart! To be considered for possible employment, applications must be accompanied by a signed and dated summary of the position for which you are applying. Please review the position summary thoroughly before completing this application. This Application for Employment will be considered "active" for one (1) month from the date signed.

Bi-Mart is strongly committed to providing a safe and productive work environment for its employees and to providing excellent service to its customers. As a part of the hiring process, all applicants considered for employment are required to submit to and pass a drug test.

## INSTRUCTIONS

- PLEASE ANSWER **ALL** QUESTIONS TO THE BEST OF YOUR ABILITY.
- **PRINT** LEGIBLY WITH AN **INK PEN** (OR YOU MAY TYPE THE ANSWERS IF YOU ARE COMPLETING AN ONLINE APPLICATION).
- **DO NOT** LEAVE BLANK SPACES—PRINT **N/A** (NOT APPLICABLE) WHEN NECESSARY.

## AREA OF INTEREST & AVAILABILITY

**POSITION SOUGHT:** \_\_\_\_\_  
FULL TIME  PART-TIME  TEMPORARY/SEASONAL   
Have you previously applied for employment at Bi-Mart? YES  NO   
When? \_\_\_\_\_ For what position? \_\_\_\_\_ What location? \_\_\_\_\_  
**PAY EXPECTED:** \$ \_\_\_\_\_ If "Negotiable", enter range: \_\_\_\_\_ Date you can start: \_\_\_\_\_  
**WE OPERATE 7-DAYS PER WEEK. PLEASE INDICATE WHAT HOURS YOU CAN WORK. WRITE "ANY" IF YOU ARE AVAILABLE ALL HOURS.**  
**AVAILABLE HOURS:** MON: \_\_\_\_\_ TUE: \_\_\_\_\_ WED: \_\_\_\_\_ THU: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_ SUN: \_\_\_\_\_  
**REFERRED BY:** NEWSPAPER AD: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ INTERNET: \_\_\_\_\_  
(CHECK ONE) (Specify) (Specify) (Specify)  
STORE ANNOUNCEMENT:  COMPANY RECRUITER:  OTHER  (Explain): \_\_\_\_\_

## PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ SS#: \_\_\_\_\_  
(LAST) (FIRST) (FULL MIDDLE)  
**ALL OTHER LAST NAMES USED:** \_\_\_\_\_ NICKNAME(S): \_\_\_\_\_  
**CONTACT INFORMATION:** HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_  
CELL PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
**CURRENT MAILING ADDRESS:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_  
(NO. & STREET) (CITY) (STATE) (ZIP CODE) (IF LESS THAN 3 YRS. PLEASE PROVIDE PREVIOUS ADDRESS)  
**CURRENT STREET ADDRESS:** \_\_\_\_\_  
(NO. & STREET) (CITY) (STATE) (ZIP CODE)  
**PREVIOUS STREET ADDRESS:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_  
(NO. & STREET) (CITY) (STATE) (ZIP CODE)  
**AGE INFORMATION:** ARE YOU 18 OR OLDER? YES:  NO:  IF HIRED, CAN YOU PROVIDE PROOF OF YOUR AGE? YES:  NO:   
**DRIVER'S LICENSE OR STATE ISSUED ID:** YES:  NO:  STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
(MM/DD/YYYY)  
**CITIZENSHIP:** CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO REMAIN AND WORK IN THE U.S.A.? YES:  NO:   
**PREVIOUSLY EMPLOYED BY BI-MART?:** YES:  NO:  IF YES, WHAT LOCATION/DEPT.: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
**RELATIVE/FRIENDS CURRENTLY EMPLOYED BY BI-MART?:** YES:  NO:  IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
LOCATION/DEPARTMENT: \_\_\_\_\_

## EDUCATION

SCHOOLS ATTENDED	CIRCLE HIGHEST GRADE COMPLETED	WHAT NAME(S) ARE RECORDS UNDER?	DIPLOMA OR GED YES (✓) NO (✓)
LAST JR. HIGH/MIDDLE SCHOOL:	1 2 3 4 5 6 7 8		
(City) (State)			
LAST HIGH SCHOOL:	9 10 11 12		
(City) (State)			

  

COLLEGE/UNIVERSITY OR TECHNICAL/TRADE OR MILITARY SCHOOLS ATTENDED: <small>(Include City and State)</small>	WHAT NAME(S) ARE RECORDS UNDER?	DEGREE OR CREDITS RECEIVED	MAJOR(S)
NAME:			
(City) (State)			
NAME:			
(City) (State)			

  

LIST ANY CURRENT LICENSES/CERTIFICATES/REGISTRATIONS: \_\_\_\_\_

Are you currently attending school? NO  YES  Hours / Days attending: \_\_\_\_\_

## WORK EXPERIENCE

**LIST YOUR MOST RECENT JOB FIRST**—APPLICANTS MUST PROVIDE A COMPLETE RECORD OF **ALL EMPLOYMENT IN THE LAST 15 YEARS** INCLUDE MILITARY SERVICE. AND INDICATE DATES AND REASONS FOR PERIODS OF UNEMPLOYMENT IN EXCESS OF THIRTY (30) DAYS. **USE ADDITIONAL SHEETS IF NEEDED.**

# 1	DATE EMPLOYED (Month & Year)	COMPANY/ORGANIZATION (Complete Name & Address)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT		
	/ MO (FROM) YR (TO) MO YR TYPE OF BUSINESS? <input style="width: 100%; height: 20px;" type="text"/>	(Name) (Street address) (City) (State) (Zip)				
	HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY AT START    UPON LEAVING	NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

# 2	DATE EMPLOYED (Month & Year)	COMPANY/ORGANIZATION (Complete Name & Address)	JOB TITLE/DUTIES PERFORMED AT START OF EMPLOYMENT	JOB TITLE/DUTIES PERFORMED AT END OF EMPLOYMENT		
	/ MO (FROM) YR (TO) MO YR TYPE OF BUSINESS? <input style="width: 100%; height: 20px;" type="text"/>	(Name) (Street address) (City) (State) (Zip)				
	HOW WAS POSITION OBTAINED?	AVG. HRS. WORKED PER WEEK	SALARY AT START    UPON LEAVING	NUMBER OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING OR LOOKING TO LEAVE (BE SPECIFIC)	IMMEDIATE SUPERVISOR NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>

**WORK EXPERIENCE CONTINUED**

<b>#3</b>	<b>DATE EMPLOYED</b> (Month & Year)  MO / YR MO / YR (FROM) (TO)	<b>COMPANY/ORGANIZATION</b> (Complete Name & Address)  _____ _____ _____ (Name) _____ _____ _____ (Street address) _____ _____ _____ (City) (State) (Zip)	<b>JOB TITLE/DUTIES PERFORMED</b> AT START OF EMPLOYMENT	<b>JOB TITLE/DUTIES PERFORMED</b> AT END OF EMPLOYMENT		
<b>HOW WAS POSITION OBTAINED?</b>		<b>AVG. HRS. WORKED PER WEEK</b>	<b>SALARY</b> AT START      UPON LEAVING	<b>NUMBER OF PEOPLE YOU SUPERVISED</b>	<b>REASON FOR LEAVING OR LOOKING TO LEAVE</b> (BE SPECIFIC)	<b>IMMEDIATE SUPERVISOR</b>  NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW?    YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>#4</b>	<b>DATE EMPLOYED</b> (Month & Year)  MO / YR MO / YR (FROM) (TO)	<b>COMPANY/ORGANIZATION</b> (Complete Name & Address)  _____ _____ _____ (Name) _____ _____ _____ (Street address) _____ _____ _____ (City) (State) (Zip)	<b>JOB TITLE/DUTIES PERFORMED</b> AT START OF EMPLOYMENT	<b>JOB TITLE/DUTIES PERFORMED</b> AT END OF EMPLOYMENT		
<b>HOW WAS POSITION OBTAINED?</b>		<b>AVG. HRS. WORKED PER WEEK</b>	<b>SALARY</b> AT START      UPON LEAVING	<b>NUMBER OF PEOPLE YOU SUPERVISED</b>	<b>REASON FOR LEAVING OR LOOKING TO LEAVE</b> (BE SPECIFIC)	<b>IMMEDIATE SUPERVISOR</b>  NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW?    YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>#5</b>	<b>DATE EMPLOYED</b> (Month & Year)  MO / YR MO / YR (FROM) (TO)	<b>COMPANY/ORGANIZATION</b> (Complete Name & Address)  _____ _____ _____ (Name) _____ _____ _____ (Street address) _____ _____ _____ (City) (State) (Zip)	<b>JOB TITLE/DUTIES PERFORMED</b> AT START OF EMPLOYMENT	<b>JOB TITLE/DUTIES PERFORMED</b> AT END OF EMPLOYMENT		
<b>HOW WAS POSITION OBTAINED?</b>		<b>AVG. HRS. WORKED PER WEEK</b>	<b>SALARY</b> AT START      UPON LEAVING	<b>NUMBER OF PEOPLE YOU SUPERVISED</b>	<b>REASON FOR LEAVING OR LOOKING TO LEAVE</b> (BE SPECIFIC)	<b>IMMEDIATE SUPERVISOR</b>  NAME: _____ TITLE: _____ PHONE #: _____ MAY WE CONTACT NOW?    YES <input type="checkbox"/> NO <input type="checkbox"/>

**- USE ADDITIONAL SHEETS IF NEEDED -**

## ABILITIES

After reviewing the position summary for the job(s) for which you are applying, do you believe that you can perform all of the functions listed? YES  NO

If no to the above, please identify any functions of the job which you are unable to perform and describe how you might be able to perform the job with reasonable accommodation(s):

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## BACKGROUND

**TERMINATION:** Have you ever been discharged or asked to resign from a job?

YES  NO  If yes, please explain: \_\_\_\_\_

**\*CONVICTIONS:** Have you ever been convicted by a criminal or military court of a felony or misdemeanor, including criminal traffic and criminal non-traffic offenses?

YES  NO  If yes, please explain: \_\_\_\_\_

\*In most cases, a conviction is not an automatic bar from employment.

## SKILLS AND INTERESTS

**DO NOT** include the names of clubs, organizations, associations, etc., which indicate the race, creed, religion, age, national origin, political views or any other protected class of it's members.

List outside activities while in school (athletics, clubs, offices held):

Related hobbies/interests:

List technical/occupational skills (include level of proficiency):

Personal aptitudes/interests:

Career aims/goals:

## COMMENTS

MAKE ANY ADDITIONAL COMMENTS YOU WISH IN THE SPACE BELOW:

## **ACCEPTANCE**

It is the policy of Bi-Mart to recruit, employ, transfer, develop and promote individuals without regard to race, national origin, ancestry, religion, age, sex, gender identity, marital status, disability, or any other protected class as provided by law.

1. I declare that all statements and answers herein are true and complete, and understand that any untruth, misleading answer, omission, concealment, or failure to answer questions fully, completely, and accurately are grounds for termination of my employment.
2. I authorize Bi-Mart at any time to investigate my references, to communicate with former employers concerning same, and to make an independent investigation of my character, conduct, employment, criminal, financial, and driver's records.
3. I agree that Bi-Mart, my previous employers and any other sources used in this investigation shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements or answers in this application or any other information gained in this investigation.
4. I agree to return all company records, equipment, and uniforms upon termination of employment.
5. I understand that this application for employment is not a contract of employment. All employment at Bi-Mart is strictly "Employment At Will" which means that an employee may voluntarily end his/her employment at any time with or without notice for any reason, and the company maintains the same right. This relationship cannot be modified by anyone other than in writing by the Senior Vice President of Human Resources or the President of the Company. Any representations by any other person contrary to the "Employment At Will" Doctrine, either verbal or written, shall not be relied upon by any employee.

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(SIGNATURE OF APPLICANT)

DATE

**BUSINESS OFFICE AND DISTRIBUTION CENTER  
220 S. SENECA RD. • P.O. BOX 2310 • EUGENE, OREGON 97402  
PHONE 541/344-0681 • FAX 800/333-8967**

# **CERTIFIED PHARMACY TECHNICIAN**

## **Position Overview**

Assist in the accurate and timely prescription filling process, (as permitted by law) data entry, inventory, stocking, and maintaining merchandise. Build, promote and deliver a high degree of customer satisfaction.

- Reports To: Pharmacy Manager, or person in charge
- Coordinates With: Pharmacy Manager, staff pharmacists, pharmacy staff, store management, receiving personnel, Bookkeeper, Regional Pharmacy Manager, Vice President of Pharmacy Operations, and administrative staff.

## **Essential Job Functions**

- Accurately process and label prescriptions as designated by prescriber in a professional manner and in compliance with local, state, and federal regulations. This function is performed under the direct supervision of a licensed pharmacist.
- Ensure that the accuracy of prescription contents and labeling is checked and initialed by a licensed pharmacist.
- Identify system flags to alert a pharmacist of drug interactions.
- Receive written prescriptions and/or refill orders from customers.
- Request and receive authorizations or prescription refill via telephone.
- Inform customers when prescriptions are ready.
- Accurately maintain all files pertaining to the pharmacy (prescription file, controlled substance file, etc.).
- Accurately and completely collect and enter into the computer all customer demographic and prescription information, including third party insurance information.
- Keep merchandise priced, clean, neat, and supplies well-stocked.
- Count, electronically order, and check in merchandise and supplies.
- Work as a team with management, pharmacy manager, pharmacists, area coordinators, and coworkers.
- Operate a terminal/register as customer flow dictates or as assigned. Accurately read prices, scan merchandise, receive payment, and give correct change.
- Ensure every customer is satisfied by answering all questions politely and quickly, escorting customers to the requested items or calling for customer assistance.

## **Physical Requirements**

*Occasionally* = up to 1/3 shift

*Frequently* = up to 2/3 shift

*Continuously* = throughout shift

- Standing: Continuously in combination with walking on hard surface.
- Sitting: 0% of the time.
- Walking: Continuously in combination with standing.
- Worker Mobility: Can change positions frequently throughout work shift.
- Carry/Lift: Independently work with 0-45 pounds depending on product and materials being stocked.
- Pushing/Pulling: Occasionally push/pull merchandise on hand trucks or stocking carts. Continuously and independently push/pull single case lots or items while stocking or moving merchandise.
- Bending/Squatting: Frequently throughout the work shift while operating cash register/bagging merchandise, stocking supplies, and cleaning.
- Reaching/Handling: Use of fingers/hands/arms continuously. Frequent overhead reaching needed for higher shelf stocking and retrieving.
- Grasping/Squeezing: Frequently throughout work shift.
- Twisting: Frequently throughout work shift.
- Climbing: Occasionally climb ladders to reach higher shelf areas. Occasionally climb stairs.
- Crawling: 0% of the time.

## **Social Skill Requirements**

- Ability to positively interact with others.
- Ability to effectively send and receive verbal communication.
- Ability to respond sensitively to patient/customer needs and/or situations.

## **Aptitude Requirements**

- Must be able to read English and write it legibly.
- Must be able to perform advanced math functions.
- Must have ability to analyze, reason, and use good judgment.
- Must be able to learn and retain and new skills.

## Certification/Licensing Requirements

### WASHINGTON

- Must be certified and licensed in the state of Washington.
- Must successfully complete the Washington approved Bi-Mart Pharmacy Technician Training Program and pass the Bi-Mart PDX Competency Exam.
- Must complete, under the supervision of a state registered preceptor, 120 hours of Preceptor Training.
- Completion of 4 hours of AIDS Education.

### OREGON

- Must be state registered.
- Must complete the Bi-Mart Pharmacy Assistant and Technician Training Programs and the Bi-Mart PDX Competency Exam.

### Environmental Factors

- Most work is performed in store.
- Some exposure to outside elements.
- Possible exposure to chemicals and/or compounds throughout work shift.

This position summary covers most of the duties performed, however, other duties and responsibilities not listed may be assigned at the discretion of management.

**After reviewing this position summary, can you perform all of the functions listed?**    Yes    No

If no to the above, please identify any functions that you are unable to perform:

I verify that I have thoroughly reviewed the position summary for Certified Pharmacy Technician and that I understand the job requirements and essential job functions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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