



ROBINSON PHARMA, INC.

Contract Pharmaceutical & Nutritional Manufacturing

3330 S. Harbor Blvd. • Santa Ana, CA 92704 USA • Phone (714) 241-0235 • Fax (714) 751-6066

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARDS TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, GENDER, AGE, DISABILITY, OR VETERAN STATUS

(AN EQUAL OPPORTUNITY EMPLOYER)

Position applying for		Today's Date:		
Last Name	First Name	Middle	Home Phone ()	
Street Address	City	State	Zip Code	Cell Phone ()
Salary Rate Desired: \$ _____/month or \$ _____/hour		Date Available: Month Day Year		E-mail address:
What shift can you work? (Check all that apply) <input type="checkbox"/> 6:00 am – 2:30 pm (1 st shift) <input type="checkbox"/> 2:00 pm – 10:30 pm (2 nd shift) <input type="checkbox"/> 10:00 pm – 6:30 am (3 rd shift) <input type="checkbox"/> 8:00 am – 4:30 pm (Office)				
Have you ever been employed by this company? ___ Yes ___ No . If yes please give details: Dates: _____ Manager's Name: _____ Shift: _____				Can you speak, read and write in English? ___ Yes ___ No If No what language are you fluent in _____
Have you ever had relatives employed by this company? ___ Yes ___ No If yes _____ Date from _____ Date To _____ Relationship _____ Office/Dept _____				
Can you, after employment, submit verification of your legal right to work in the United States? ___ Yes ___ No				
Do you have any commitments to another employer or organization, which might interfere with your employment with Robinson Pharma Inc.? (e.g. conflict of interest or scheduling conflict) ___ Yes ___ No ___ Not sure If, yes, please explain: _____				
Are you able to perform the essential job functions of the position without reasonable accommodations? ___ Yes ___ No _____				

SECURITY DATA

Have you ever pled guilty or "no Contest to", or been convicted of a misdemeanor or felony? (Conviction will not necessarily disqualify you from consideration for the job sought. The company has the right to evaluate each conviction on a case to case basis) ___ Yes ___ No, If yes, please give details _____
Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial? ___ Yes ___ No If yes, please give the date(s) and details: _____

EDUCATION

SCHOOL(S) ATTENDED	LOCATION	MAJOR STUDY	DIPLOMA/DEGREE RECEIVED
High School			
College/Other			
University or Trade/Technical Schools attended (most recent first)			

OFFICE SKILLS (if applicable to position applied for)

How fast can you type? _____ words per minute (wpm)	Do you know how to work a? Copier ___ Yes ___ No Fax ___ Yes ___ No	Can you work an adding machine/calculator by touch? ___ Yes ___ No
Do you know Microsoft office? ___ Yes ___ No		Which software(s) you are familiar with:
List any special qualifications, knowledge, or skills, including foreign languages in which you are fluent (specify written and oral ability): _____		

EMPLOYMENT HISTORY

Do you have previous work history in the United States ? Yes No.

If yes please list all employment for the past 7 years, beginning with your most recent. If position was part-time, please so indicate. Be sure to include military service. Please describe your activities during any periods of unemployment. Our employment process includes verification of employment history. **MAY WE CONTACT YOUR CURRENT EMPLOYER?** Yes No

If no, please explain: _____

1	Employer (name)	
Street Address		Specific Duties
City & State	Phone Number	
Position Held	Your Name Then, If Different	
Supervisor	Phone Number	
Dates Employed: From (Mo. &Yr.) To (Mo. &Yr.)	Salary Rate:	
2 Employer (name)		Specific Duties
Street Address		
City & State	Phone Number	
Position Held	Your Name Then, If Different	
Supervisor	Phone Number	
Dates Employed: From (Mo. &Yr.) To (Mo. &Yr.)	Salary Starting Ending Rate:	Reason for leaving
3 Employer (name)		
Street Address		
City & State	Phone Number	
Position Held	Your Name Then, If Different	
Supervisor	Phone Number	Reason for leaving
Dates Employed: From (Mo.&Yr.) To (Mo.&Yr.)	Salary Starting Ending Rate:	

From Mo. & Yr.	To Mo. & Yr.	Company Name	Position Held	Reason for leaving

Description of activities during any periods of unemployment – if applicable

From Mo. & Yr.	To Mo. & Yr.	Reason

CERTIFICATION: Please read before signing. If you have any questions regarding the following statements please ask before signing

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated otherwise. I authorize my previous employers, schools or persons named as references to provide the Company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of applicant's identity and legal authority to work in the U.S. **This application expires 30 days after date of completion**

APPLICANT'S SIGNATURE _____ **DATE** _____