

GRX Holdings, LLC

APPLICATION FOR EMPLOYMENT

Thank you for your interest in and application for employment with GRX Holdings, LLC. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, creed, sex (including pregnancy), religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, genetic information, gender identity or expression, sexual orientation, military status, or any other consideration made unlawful by federal, state, or local laws.

We seek applicants for employment who are dedicated, hardworking and seeking fulfilling employment. In return, GRX Holdings, LLC offers competitive income, an excellent work environment and the opportunity to grow with the company.

GENERAL INFORMATION: (Please type or print legibly in ink)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS: (Street, P.O. Box, Apt. #) _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (Inc. area code) _____ ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? (check) YES NO

Email Address _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES NO

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be specific) _____

I AM AVAILABLE TO WORK: (Check all applicable)

FULL TIME PART TIME TEMPORARY WEEKDAYS WEEKENDS
 MORNINGS AFTERNOONS EVENINGS NIGHTS

DATE AVAILABLE: _____ EXPECTED COMPENSATION: _____ ARE YOU AT LEAST 18 YEARS OLD? YES NO

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
_____1 _____2 _____3 _____4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
_____1 _____2 _____3 _____4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

THIRD HIGHEST LEVEL OF EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
_____1 _____2 _____3 _____4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

OTHER EDUCATION ATTAINED: _____ MAJOR FIELD OF STUDY: _____ LAST YEAR COMPLETED: _____ DID YOU GRADUATE? YES NO
_____1 _____2 _____3 _____4

SCHOOL NAME: _____ SCHOOL ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYMENT HISTORY: (List most recent first, then preceding; include any military service)

1. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include promotions and advancements)

2. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include promotions and advancements)

3. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include promotions and advancements)

REFERENCES: (List two non-relative employment references whom you have known for at least one year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.	_____	_____	_____
2.	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS, ASK ANY QUESTIONS, AND SIGN BELOW

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow GRX Holdings, LLC, or any of their representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand the reference questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I also realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner, be terminated by the company or myself with or without cause or previous notice.

SIGNATURE OF APPLICANT: _____ DATE: _____

This application is valid only for 60 days from the date signed/dated above.