



# APPLICATION FOR EMPLOYMENT

Are you a **FRIENDLY** person looking to join an incredible team dedicated to creating caring moments for our customers?

If you answered **YES**, then we look forward to reviewing your application.

## WE VALUE A DIVERSE WORKFORCE

**Commitment to Equal Employment Opportunity:** We appreciate your interest in employment at Rite Aid. Rite Aid is an Equal Employment Opportunity Employer and we value a diverse workforce. Our policy is not to unlawfully discriminate against any applicant or employee on the basis of race, color, sex, gender identity, sexual identity, sexual orientation, religion, national origin, age, ethnicity, ancestry, pregnancy, disability, handicap status, military status, veteran status, or any other basis protected by applicable federal, state, or local laws. No question in this application is intended to elicit information in violation of any such law, nor will information obtained in response to any question be used in violation of any such law.

**Commitment to Reasonable Accommodations:** - At Rite Aid we care about our applicants and will work to make accommodations. I understand that it is my responsibility to contact the Human Resources Department if I need Rite Aid to consider making any reasonable accommodations to enable me to participate in the hiring process, including this application and the interview, for any of the following reasons:

- Physical or mental health condition
- Pregnancy or childbirth condition, or medical conditions related to same
- Religious belief, practice or observance

## YOUR PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

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

Email address \_\_\_\_\_  
(By providing your email, you consent to receiving communications regarding employment, healthcare, products, services and promotions from Rite Aid and affiliated 3rd parties.)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative Number ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have the legal right to work in the United States?  YES  NO Are you under the age of 18?  YES  NO

Have you ever worked under a different name?  YES  NO If yes, list names: \_\_\_\_\_

\*This information will be used solely in connection with reference requests, background checks or employment verification.

Were you referred by a Rite Aid associate?  YES  NO If yes, name of associate: \_\_\_\_\_

Do you have any relative or household member that currently works for Rite Aid?  YES  NO

If yes, Name \_\_\_\_\_ Position \_\_\_\_\_

## POSITION AND AVAILABILITY

Position Applied for: \_\_\_\_\_ Date you can start if hired: \_\_\_\_\_

Please list what hours you are available to work (for example – Any, 1 p.m. to 9 p.m., None)

\*Please note that you are not required to indicate the need for any absences for religious beliefs, observances or practices during scheduled work hours.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## EDUCATION

Check your highest level of education completed:

- High School/GED                       Bachelor's Degree                       Doctoral Degree  
 Associate Degree                       Master's Degree                       None of the above  
 Technical or Trade School                       Military

Please list all applicable degrees/courses/certificates: \_\_\_\_\_

## WORK OR OTHER RELEVANT EXPERIENCE

Please include any recent volunteer, charitable, military, employment, or other experience.

DATES OF SERVICE	EMPLOYER	CITY/STATE	POSITION
From: To:			
From: To:			
From: To:			

May we contact your current employer?  YES  NO - Phone no. \_\_\_\_\_

Have you ever been dismissed/terminated instead of resigned from employment?  YES  NO - If yes, please explain: \_\_\_\_\_

## PROFESSIONAL LICENSES

List all states or jurisdictions where you are, or have ever held any professional, technical and/or vocational license. Examples include but are not limited to a pharmacy, pharmacy intern, pharmacy technician, medical, nursing, C.P.A., engineering or attorney license.

State: \_\_\_\_\_ Professional License Number: \_\_\_\_\_

State: \_\_\_\_\_ Professional License Number: \_\_\_\_\_

State: \_\_\_\_\_ Professional License Number: \_\_\_\_\_

Have you ever had or do you currently have any restrictions/sanctions, existing or pending, on any professional, technical or vocational license or for unauthorized practice without a license?  YES  NO If yes, please explain. \_\_\_\_\_

**Applicants shall not make any disclosure on this application or to the hiring manager, whether written or verbal, regarding the applicant's criminal history, prior to receiving a conditional offer of employment from Rite Aid.**

## NOTICES

**Note to All Applicants Regarding Reasonable Accommodations:** I understand that, throughout the application process, I may be informed of job functions, requirements and rules that apply to the job for which I am applying. I understand that it is my responsibility to contact the Human Resources Department if I need Rite Aid to consider making any accommodation to any function, requirement or rule applicable to the job for which I am applying, for any of the following reasons:

- Physical or mental health condition
- Pregnancy or childbirth condition, or medical conditions related to same
- Religious belief, practice or observance

Applicant Must Initial Here: \_\_\_\_\_

Rite Aid will make an accommodation that is reasonable under the circumstances set forth above so long as it does not impose an undue hardship on Rite Aid, including but not limited to its employees. However, in all cases, Rite Aid will engage in an interactive dialogue about any accommodation requested under the circumstances set forth above.

**Note to All Applicants Regarding Rite Aid's Drug-Free Workplace Policy:** Rite Aid maintains a strict policy prohibiting illegal drug activity and using, being under the influence of, or possessing illegal drugs and/or alcohol during the Work Day as well as on Company Property as defined in Rite Aid's Drug-Free Workplace Policy. Rite Aid conducts post-offer pre-employment drug testing of all job candidates. Additionally, the Company conducts drug and/or alcohol testing in certain pre-promotion, reasonable suspicion, and post-accident scenarios along with drug loss investigations unless expressly prohibited by law. You have the right to refuse to submit to testing; however, a refusal to submit to a test when asked will result in the withdrawal of a conditional offer of employment or termination of employment. All records relating to drug tests shall be kept confidential. A copy of the policy is available from hiring management upon request.

**Note to All Applicants Regarding Rite Aid's Smoking Policy:** Smoking and e-cigarettes are prohibited in all indoor areas of Rite Aid buildings unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

**Note to Maryland Applicants:** Please initial the following statement to confirm that you are aware of its contents:

**I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

Applicant Must Initial Here: \_\_\_\_\_

**Note to Massachusetts Applicants:** Please initial the following statement to confirm that you are aware of its contents:

I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Applicant Must Initial Here: \_\_\_\_\_

**Note to New Jersey Applicants:** Rite Aid performs pre-employment background checks on every applicant and utilizes the following databases to continuously monitor all associates.

Federal exclusions database - <http://oig.hhs.gov/fraud/exclusions.asp> ; N.J. Treasurer's exclusions database - [www.state.nj.us/treasury/debarred/](http://www.state.nj.us/treasury/debarred/) ; N.J. Division of Consumer Affairs licensure databases - <https://newjersey.mylicense.com/> ; N.J. Department of Health and Senior Services licensure database - <http://www.state.nj.gov/health/healthfacilities/> ; Certified nurse aide and personal care assistant registry (if applicable) - <https://www.asisvcs.com/>

**Note to Rhode Island Applicants:** Rite Aid is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

## APPLICANT STATEMENT

I certify that the above statements are true and complete. ***I understand that the making of false statements or omitting information in this Application or in any resume or other materials submitted in connection with this application will be grounds for disqualification from employment or immediate discharge upon discovery thereof.*** I further understand that unless specifically altered by a written employment contract, executed by an officer of the Company, my employment will be terminable at will, either by myself or Rite Aid, at any time, with or without cause and with or without prior notice. I authorize Rite Aid to verify all education, training and professional licensure/certifications claimed by me and to secure from my former employers and references information concerning my professional accomplishments, salary, work characteristics, ability and reasons for leaving. Every conditional offer of employment with Rite Aid is subject to a criminal background check to determine his or her suitability for the position. Applicants will be required to sign an authorization to perform a criminal background check only if the applicant receives a conditional offer of employment and I understand that I will be required to submit to a drug test in accordance with Rite Aid policy. In compliance with the federal Immigration Reform and Control Act, I certify that, if hired, I will provide, within three (3) business days from the date my employment begins, proof of my identity and eligibility for employment in the United States.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_