



HealthPro Management Associates
 601 Upland Ave. Brookhaven, PA 19015
 Phone **1-866-507-4115** Fax:(+1) **8882517129**

Applicant please complete two separate forms for 2 separate employers

The person named below has applied for employment with our organization. The applicant's signature below provides you with authorization permitting you to truthfully answer questions related to their employment with your organization. Please return the completed form within ten business days. If you have any questions, please contact an ePharmPro Representative a 1-866-507-4115. Thank you for your assistance!

 Applicant's Printed Name

 Social Security Number

 Applicant's Signature

 Date

Name and Address of Business/Employer: _____

Employer Phone Number: _____ Fax: _____

Supervisor _____

Type of Business: _____

Date of Service: From: _____ To: _____

Job Title: _____

Major Job Responsibilities: _____

For employer use only

<i>Please check most suitable Response</i>	Excellent	Good	Fair	Poor
Flexibility				
Communication				
Technical Skills				
Decision Making				
Team Work /Direction of others				
Relationships with other Departments				
Attendance				
Professionalism				
Job Knowledge				
Performance				

1. Dates of employment: From: _____ To: _____

If this information is not available, please explain: _____

2. Is this person eligible for rehire: Yes: _____ No: _____

3. Please answer the following questions:

a.. Type of service performed by the person during the course of his/her employment.

Major Responsibilities: _____

b. Reason for separation from service (*Please Check One.*)

____ Laid-off ____ Resigned ____ Resigned in lieu of discharge
____ Discharged ____ Abandoned Position ____ Other (*Specify*) _____
____ Information not available (*Explain*) _____

c. Information relating to employee's performance

Technical Skills: _____

Strenghts: _____

Weaknesses: _____

Additional Comments: _____

I hereby swear/affirm that the information provided above is full and complete disclosure of the facts requested, and that the information is true and correct to the best of my knowledge and belief.

Printed Name and Title of Person Completing Form:

Name

Title

Signature

Date