

Employment Application

Kohl's Pharmacy & Homecare, an equal opportunity employer, does not discriminate in hiring or terms or conditions of employment because of an individual's race, religion, color, sex, age, national origin, marital or veteran status, disability, or any other legally protected status. Please answer all questions as completely as possible. Your application will be considered active for sixty (60) days. For consideration after that you must reapply. We encourage applications from qualified individuals with disabilities. You may request any needed accommodation to participate in the application process.

Last Name	First Name	Middle Initial	Date / /
Address Number	Street	City	State Zip
Telephone Number(s)		E-mail	
Driver's License Number	State Issued	Expiration Date	Social Security Number
Position Applied For		Salary Desired	Date You Can Begin
Availability (Check all that apply.) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer/Holidays <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime			
Can you perform essential functions of the job with/without reasonable accommodations? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran, or currently in the Military. Reserves, or National Guard?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or asked to resign from a position? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fined or arrested for an alcohol or drug-related misdemeanor or felony? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under investigation on charges of violation of law (other than a minor traffic offense)? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been the subject of adverse action by an authorized sanctioning? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been barred from a governmental healthcare or procurement program? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been notified of charges, complaints, or actions that have been filed against you? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been denied licensing or renewal of a credential with any board or jurisdiction? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you addicted, dependent, or chronically impaired by alcohol, narcotics, barbiturates or other drugs? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 5 years, have you received treatment for alcohol or drugs? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? If yes, explain below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor? If yes, explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation for questions above.			

Application Attestation:

I have read the application or have had the application read to me. All statements on the application are true and complete. I am of good character and have not committed any act that would be grounds for denial under Neb. Rev. Stat. 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of such act(s).

Signature _____ Date _____

EDUCATION & TRAINING RECORD

School	City/State	Did You Graduate?	Diploma GED Degree	Major/Field of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending		

EMPLOYMENT HISTORY

List present and previous positions within the last seven years, listing the most recent first. Include military service and volunteer work where applicable. Use a separate sheet of paper, if needed.

Explain any breaks in your employment history. (Please indicate under "Duties.")

Answer all questions completely with current contact information for supervisors and other references.

Employer Name		Position/Title		
Employer Street Address		City	State	Zip
Telephone				
Dates of Employment Start End	Name(s) used if different from your present name	Starting Salary		Ending Salary
Full Name of Supervisor		Duties		
Reason for Leaving				

Employer Name		Position/Title		
Employer Street Address		City	State	Zip
Telephone				
Dates of Employment Start End	Name(s) used if different from your present name	Starting Salary		Ending Salary
Full Name of Supervisor		Duties		
Reason for Leaving				

Employer Name		Position/Title		
Employer Street Address		City	State	Zip
Telephone				
Dates of Employment Start End	Name(s) used if different from your present name	Starting Salary		Ending Salary
Full Name of Supervisor		Duties		
Reason for Leaving				

May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list reason.



Strategic Questions

Write your answers in the spaces below. Please be brief.

1	Of what importance is the customer's attitude towards Kohl's?	
2	What is your most important reason for wanting this job?	
3	What do you find to be the best way to communicate with your customers?	
4	How do you want your customers to view you? Why?	
5	You have just gone through instructions with your customer and you discover the customer doesn't understand the instructions. What would you do?	
6	You have a new customer who comes in to get help. What will you need to know in order to help them?	
7	You are giving important information to the customer when the customer interrupts and says that this is useless information. How would you work with this situation?	
8	Many people tell us how new advances in medicine are actually harmful. How do you feel about this?	
9	What do you think the customers of this community expect from you as an employee of Kohl's? Do you think these expectations are realistic?	
10	What is it that gives your professional life purpose and meaning?	
11	Is it important to know what doctors, nurses, caregivers, and other health professionals think about Kohl's? How do you acquire their viewpoints?	
12	What kind of relationship do you want to have with other staff members? How do you build such relationships with them?	
13	One of your coworkers seems to need frequent attention and positive reinforcement. How do you cope with this situation?	
14	What are the key things you want to communicate to your customers?	
15	How would you explain to your customers that Kohl's is the right place to purchase other related items to improve their quality of life?	

CONSENT & DISCLOSURE

Kohl's Pharmacy & Homecare appreciates your interest in joining this organization. Employment at Kohl's requires dedication, trust, and honesty. As part of the application and hiring process, we will request an investigative report about you, which may include a background investigation, consistent with applicable federal and state laws, which include obtaining information on convictions and/or pending prosecutions as well as any information contained in the Department of Motor Vehicles records, and other factors that may be relevant to your qualifications to work at our company.

By signing this form, you are doing the following, so please read carefully:

- Authorizing Kohl's Pharmacy & Homecare to contact law enforcement and other government agencies, and other persons or agencies which may have information about you. You further authorize such agencies and parties to issue applicable reports and provide information to Kohl's Pharmacy & Homecare.
- Authorizing Kohl's Pharmacy & Homecare to investigate all the statements and matters in your application and any other information provided by you during the application process or other qualifications to work at Kohl's Pharmacy & Homecare.
- Authorizing Kohl's Pharmacy & Homecare to use and show information you have provided on your application to other persons in order to conduct an investigation and to verify the truthfulness and completeness of the information you have provided; and

You understand that you have the right to request, in writing, within a reasonable period of time after today's date, that if an investigative consumer report is requested by Kohl's Pharmacy & Homecare concerning you, that you be furnished a complete and accurate disclosure of the nature and scope of the information requested and a written summary of your rights prepared as prescribed by law. If such a request is made, Kohl's Pharmacy & Homecare will mail or otherwise deliver such disclosure and such summary in written form to you not later than five days after the request was received from you or the date the investigative consumer report was first requested by Kohl's Pharmacy & Homecare, whichever is later.

You also agree to cooperate in any investigation, including a drug test. You agree to release Kohl's Pharmacy & Homecare, including all officers, agents, and representatives, from any and all liability and damages arising out of any background inquiry concerning you.

You hereby consent to this investigation and authorize Kohl's Pharmacy & Homecare to procure a consumer report and/or an investigative consumer report on your background.

Please Note: You are **NOT** creating a "contract of employment" with Kohl's Pharmacy & Homecare by signing this form. If hired, both you and Kohl's Pharmacy & Homecare have the right to end your employment at any time for any reason.

You agree that:

- You have read this form carefully and understand it.
- Your signature below indicates your voluntary agreement to the above statements.

THE FOLLOWING INFORMATION IS REQUESTED SOLELY FOR PURPOSES OF CONDUCTING A BACKGROUND INVESTIGATION.

After reading the above statements:

1. Print your Name, Social Security Number, Birthday, and Address on the lines below.
2. Sign this form and return it to Kohl's Pharmacy & Homecare Personnel Office.

Print Name

Birthday (MM/DD/YYYY)

Social Security Number

Address

Signature

Date

BACKGROUND INVESTIGATION WILL BE COMPLETED AT TIME OF HIRE.

The existence of a criminal record will not automatically disqualify you from employment.

Identify the needs of customers to improve their quality of life.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ► _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

Learning about the law or the form 24 min.

Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.