



Pharmacy Wholesale Services Inc.

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Employment Application

				DATE _____
Name _____				
Last	First	Middle	Maiden	
Present Address _____				
Number	Street	City	Province	Postal Code
Telephone () _____		E-Mail _____		

Work Experience

Name of Employer	_____	Tel:	_____
Contact Person	_____		
Address	_____		
City	_____		
Province	_____		
Job title	_____		

Name of Employer	_____	Tel:	_____
Contact Person	_____		
Address	_____		
City	_____		
Province	_____		
Job title	_____		

Name of Employer	_____	Tel:	_____
Contact Person	_____		
Address	_____		
City	_____		
Province	_____		
Job title	_____		

*PLEASE PRINT ALL INFORMATION.

*Fax to 514-286-4393