



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