

Medical Pharmacies Employment Application

We welcome applications for all positions in all our locations. Because of volumes, we may not respond to unsuccessful applicants. *Please be assured that your information is kept confidential.*

Last Name _____ First Name _____

Address _____

City _____ Prov _____ PC _____

Home Phone _____ Email Address _____

Cell Phone _____ Work Phone _____ Fax _____

Position applying for:

Staff Pharmacist Pharmacy Technician IPG Student
 Pharmacy Manager Pharmacy Intern Other _____
 Consultant Pharmacist Pharmacy Student OCP # (if applicable) _____

Type of work schedule: Full Time Part Time Seasonal/Temporary Relief

Education:

Diploma/Degree _____

Major(s) _____

College/University _____

Certifications:

CGP – Certified Geriatric Pharmacist PCCA – Professional Compounding Chemists of America
 Certified Asthma Educator Certified COPD Educator
 Certified Diabetes Educator Other, please specify _____

Languages spoken (list all that apply):

Preferred work locations (please list up to 5 preferred work locations. E.g., Toronto, Barrie, Oshawa):

When are you available? (e.g. "After October 10, 2007" or "May to August 2007")

Are you willing to relocate? Yes No

Additional Comments:

Please attach a copy of your resume and

Fax to: 905-420-7342
Mail to: Roxanne Tang, R.Ph., B.S.P.
Vice-President, Professional Services
Medical Pharmacies Group Inc.
590 Granite Court, Pickering, ON L1W 3X6

Thank you for your interest in Medical Pharmacies