



PHARM-A-TEMP

PTY. LTD.

PROFESSIONAL PHARMACY SERVICE IS AN INVESTMENT - NOT A COST!

PHONE: 03 9762 9155
FAX: 03 9762 9166
EMAIL: pharmatemp@bigpond.com

PHARMACY ASSISTANT REGISTRATION FORM

- Please supply a current resume outlining your work experience -

Name:

Address:

<input type="text"/>	Post Code: <input type="text"/>
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Phone:	Business: <input type="text"/>	Home: <input type="text"/>	Mobile: <input type="text"/>
Fax:	Business: <input type="text"/>	Home: <input type="text"/>	
Email:	<input type="text"/>		

Date of Birth: Male / Female

Tax File No:

POS Computer Systems with which you are competent: (Please Tick)

POS 2000: <input type="checkbox"/>	Lockie: <input type="checkbox"/>
Simple: <input type="checkbox"/>	Quicksell: <input type="checkbox"/>
Other: (Please Specify) <input type="text"/>	

Please list three pharmacy referees:

Name: <input type="text"/>	Contact No: <input type="text"/>
Name: <input type="text"/>	Contact No: <input type="text"/>
Name: <input type="text"/>	Contact No: <input type="text"/>

Are you interested in a permanent position?	Yes/No
Are you prepared to work in weekly blocks?	Yes/No
Do you have your own car?	Yes/No
Are you prepared to travel to rural areas?	Yes/No

Please supply details of work availability - days and hours:-

	Available Hours
Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>
Sunday	<input type="text"/>