



Health Research Associates, Corp.
 d/b/a Pharmacy Resources Network, Inc.
 Post Office Box 1233
 Kennesaw, GA 30156-8233

877.797.9470 (Toll free office)
 866.225.3430 (Toll free fax)
 2959 Cherokee Street Suite 203
 Kennesaw, GA 30144-6522

PHARMACY TECHNICIAN APPLICATION FOR EMPLOYMENT											
Name								Title (CPhT etc)			
Street											
City						State		Zip		Date of Birth ____/____/____	
Social Security Number						e-Mail Address					
Home Phone						Work Phone					
Cell Phone						FAX:					
I prefer to be contacted via			Home Phone		Cell phone		Work Phone		e-Mail		
			AM		PM						
Have you ever been convicted of a felony?								YES		NO	
Are you a citizen of the United States?								YES		NO	
If not, are you eligible to legally work in the United States?								YES		NO	

INDEMNIFICATION & HOLD HARMLESS AGREEMENT

As an independent contractor I agree that I shall indemnify, hold and save harmless, and defend, at my own expense, Pharmacy Resources Network, its officials, agents, employees, and clients, from and against all suits, claims, demands, and liability of any nature or kind, including their costs and expenses, arising out of acts or omissions by me, the independent contractor, including claims and liability in the nature of workmen's compensation, in the performance of my duties scheduled through Pharmacy Resources Network. I agree that the obligations under this agreement do not lapse upon termination of association with Pharmacy Resources Network.

As an independent contractor I also agree to provide and thereafter maintain liability insurance in an adequate amount to cover third party claims for death or bodily injury, arising from or in connection with the provision of services contracted through Pharmacy Resources Network.

Signature _____ Date _____

PLEASE NOTE:

We are contractually obligated to keep on file a copy of your state pharmacy license(s), your malpractice/liability insurance card or certificate, and your drivers license. These copies, as well as a copy of your resume including two references, must be provided prior to working for our company. There may be additional documentation requirements, depending on specific clients with which you may schedule.



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PHARMACY TECHNICIAN - APPLICATION FOR EMPLOYMENT –PART 2

Name _____

Some of our clients require additional information before we may place you in a relief engagement in their pharmacies. To insure your eligibility to be assigned to any of our client pharmacies please complete the additional information below:

Please provide the following:

Residence addresses for the last 5 years:

1	From ___/___/___	To ___/___/___			
	Street		City	State	Zipcode
2	From ___/___/___	To ___/___/___			
	Street		City	City	Zipcode
3	From ___/___/___	To ___/___/___			
	Street		City	State	Zipcode

Pharmacy Employment (as A Pharmacy Technician) for the last 5 years:

1	From ___/___/___	To ___/___/___			
	Pharmacy		City	State	Zipcode
2	From ___/___/___	To ___/___/___			
	Pharmacy		City	City	Zipcode
3	From ___/___/___	To ___/___/___			
	Pharmacy		City	State	Zipcode

Education: Please provide Educational Institutions, Degree or Certifications and Date conferred:

1	From ___/___/___	To ___/___/___	Date of Degree/CERT ___/___/___		
	School/Institution		City	State	DEGREE
2	From ___/___/___	To ___/___/___	Date of Degree /CERT ___/___/___		
	School/Institution		City	City	DEGREE
3	From ___/___/___	To ___/___/___	Date of Degree /CERT ___/___/___		
	School/Institution		City	State	DEGREE