

**ALVIN COMMUNITY COLLEGE**  
**PHARMACY TECHNICIAN PROGRAM APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**WORK SCHEDULE:** Do you work? \_\_\_\_\_ If yes, How many hours per week? \_\_\_\_\_

Work Schedule (days and times) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of, entered a plea of nolo contendere or guilty to, or received deferred adjudication for any felony offense or offense involving drugs? If yes, then please provide an explanation.**

- No
- Yes

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING ITEMS WILL COMPLETE YOUR APPLICATION:**

- Proof of age (18 minimum) – copy of ID/ TX drivers license
- Copy of High School Diploma or GED
- College Transcript or College Entrance Exam (if applying for college credit)
- Complete interview process with the Coordinator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_