

ALVIN COMMUNITY COLLEGE
PHARMACY TECHNICIAN PROGRAM APPLICATION

NAME: _____ SS#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

WORK SCHEDULE: _____ HOURS

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?

- No**
- Yes**

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 CE test (if applying for college credit)
- Complete interview process with the Coordinator

Signature: _____ Date: _____