

YOUNGSTOWN CITY SCHOOLS
CHOFFIN SCHOOL OF PHARMACY TECHNICIAN
APPLICATION FOR ADMISSION

The Pharmacy Technician Program provides admission to all applicants regardless of age, religion/creed, ethnic origin, marital status, race, gender, veteran status or disability.

PLEASE PRINT:

Date _____

Name _____ Phone () _____
(Last Name) (First Name) (Middle Name) (Area Code) (Number)

Address _____
(Number & Street complete address) (City) (State) (Zip)

Social Security Number _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____ Phone () _____
(Last Name) (First Name) (Middle Name) (Area Code) (Number)

Address _____
(Number & Street complete address) (City) (State) (Zip)

Relationship _____

Circle only highest number of school years completed: High School 9 10 11 12 Graduate Yes No G.E.D. year obtained ____ College 1 2 3 4

COMPLETE NAME OF SCHOOL Last High School Attended	School Address (Number, Street, City, State)	Date (Year) Entered	Date (Year) Graduated	Date (Year) Withdrew
		Street Number		
College or Other Education	City, State, Zip Code			
	Street Number			
	City, State, Zip Code			

Grade average in high school? A B C D

School attendance: Good Average Poor If poor, explain _____

List most recent employer first. State work experience (please include Company Name and Supervisor with proper mailing address)

NAME OF EMPLOYER	ADDRESS (Number, Street, City, State)	Type of Work	Dates	Reason for Leaving

FOR OFFICE USE ONLY	
TEST DATE _____	PASSED _____ FAILED _____ RETEST DATE _____
INTERVIEW DATE _____	ACCEPTED _____ NOT ACCEPTED _____

Have you ever been convicted of a felony? ___Yes ___No. If yes, give full details on a separate sheet of paper and submit it along with your application.

1. How did you hear about the Pharmacy Technician Training Program? _____

2. Why do you want to become a Pharmacy Technician? _____

3. Have you previously applied to other health profession programs? ___ Yes ___ No

4. Have you previously attended a program in health professions? ___ Yes ___ No

5. If yes, list school(s) and year(s) attended and reason for leaving:

Name of school _____

Address of school _____
Street City State Zip Code

Reason for leaving _____

6. What is your greatest strength? _____

7. What is your greatest weakness? _____

8. What has been your biggest accomplishment? _____

Please read the following statement and sign.

I understand that making application for admission to Choffin School of Pharmacy Technician does not obligate me or the School in regard to my admission to the School. I further understand that my application is to be submitted to the Admissions Committee for review, and if I am accepted I will be notified by the program.

I further understand that any false information will void this application and will result in immediate dismissal if accepted into the program.

(Applicant's Signature)

(Date)

APPLICATION MUST BE SIGNED - Application will not be considered for admission unless this statement has been read and signed by the applicant.