

SAN JACINTO COLLEGE PHARMACY TECHNICIAN APPLICATION

SECTION 1: PERSONAL INFORMATION

First Name:	Middle Initial:	Last Name:
Date of birth:	SSN: (last 4 digits) -	Phone:
Email:	San Jac ID:	DL or State ID:
Current Address:		
City:	State:	ZIP Code:

SECTION 2: EMPLOYMENT INFORMATION

Employer:	Position:
Hours per week:	Start Date: End Date: Still Employed

SECTION 3: EMERGENCY CONTACT INFORMATION

Contact Name:	Relationship:
Email:	Phone:

SECTION 4: HIGH SCHOOL EDUCATION INFORMATION

High School / Institution:		
Completion Date:	Circle the type of Award:	
City:	State:	Zip Code:

SECTION 5: COLLEGE OR TRAINING SCHOOL INFORMATION

College / Training School :		
Completion Date:	Degree Award:	
City:	State:	Zip Code:

SECTION 6: LIST ANY LICENSE OR CERTIFICATE YOU CURRENTLY HOLD

Certificate:	Exp Date:	Certificate Number:
License:	Exp Date:	License Number:

SECTION 7: OPTIONAL INFORMATION (NOT OBLIGATED TO FILL OUT TO COMPLETE APPLICATION)

Place of Birth:	Ethnicity:
Marital Status:	Gender:

San Jacinto College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

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SECTION 8: SIGNATURES

Terms and Acceptance: I hereby swear and affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

I agree

I understand that by checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms and acceptance.

I agree

By checking this box, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Electronic Signature:

Signature Date:

Please **Print** and **Save** a copy for your records. To submit the application please click email to south-pharmtech@sjcd.edu