

**VCU**

Center for Compounding
Practice and Research
School of Pharmacy

Virginia Commonwealth University School of Pharmacy

Pharmacy Technician Training Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Emergency Contact: _____

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. False statements will be grounds for rejection or dismissal. Permission is granted to check with previous educators and/or employers

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Please be advised that having a criminal background may prevent you from taking the credentialing exam or obtaining employment. Each credentialing organization will consider, for determination of eligibility, any felony or misdemeanor conviction on a case by case basis. If you have any concerns, you may contact the credentialing organization directly.

Signature: _____ Date: _____