



PHARMACY TECHNICIAN

2280 St. Route 540 * Bellefontaine, OH 43311 * (937) 599-3010 Fax (937) 592-0442

NOTE: This application must be completed and returned before admission to the school will be considered. Please type or print.			
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
MAILING ADDRESS	CITY	STATE & ZIP	PHONE NUMBER
COUNTY	SCHOOL DISTRICT	SOCIAL SECURITY #	BIRTH DATE
EMERGENCY CONTACT NAME	EMERGENCY RELATIONSHIP	CONTACT PHONE NUMBER	APPLICANT EMAIL ADDRESS

EDUCATION				
	NAME OF SCHOOL AND ADDRESS	MAJOR	DATES ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL*				
GED*				
COLLEGE/OTHER				

*Official Transcripts must be submitted to Ohio Hi-Point Career Center Attn: Lori Ludwig before your application will be considered complete.

WORK/EMPLOYMENT HISTORY				
DATES OF EMPLOYMENT	NAME OF EMPLOYER	EMPLOYER ADDRESS	POSITION	REASON FOR LEAVING

Why do you wish to enroll in this program and what do you wish to accomplish:



