



City of Phoenix

YOUTH PHARMACY TECHNICIAN PROGRAM APPLICATION

The application must be completed and signed by the applicant prior to the Informational Session.

Form with fields: NAME (LAST NAME, FIRST NAME), LAST FOUR-DIGITS OF SOCIAL SECURITY #, PRESENT ADDRESS, Apt. #, CITY, STATE, ZIP CODE, PHONE NUMBER, ALTERNATE PHONE NUMBER, EMAIL ADDRESS.

EMPLOYMENT STATUS: Please indicate situation which best describes your status.

Form with checkboxes: Working, No longer working due to: Involuntary Termination, Quit Job, Laid Off, Other: (Please describe)

BRIEF WORK HISTORY

Table with 5 columns: Employer, Job Title, Start Date, End Date, Hourly Wage

BRIEF EDUCATION HISTORY

Table with 4 columns: Name of High School/GED Program, Address, Graduation Date, Type of Degree/Certificate

SCREENING CRITERIA:

- 1. Are you between the ages of 18 and 25?
2. Do you have proof of the right to work in the United States?
3. If you are a male, have you registered for Selective Service?
4. Are you willing to be fingerprinted for a background check?
5. Are you willing to take the health and drug screening required by the training program?
6. Does training fit in to your work/life schedule and budget?
7. Can you start training during the month of October 2009?
8. Do you have a high school diploma or GED?
9. Are you a Veteran? (Priority will be given to Veterans, if admission requirements are met.)

SUMMARY OF CAREER INTEREST:

- 1. Is a 500 word summary on "why you are interested in entering the pharmacy field and why you want to be part of the CVS team" attached to the application?
2. Is a resume attached?

CAREFULLY READ THE FOLLOWING BEFORE SIGNING YOUR NAME:

I submit this signed form as authorization to apply for the participation in the Phlebotomy Training program. I understand that the completion and submission of this form does not guarantee placement in the program.

I declare that I have examined this form and confirm all of the information is true and correct to the best of my knowledge. I am aware that the information contained on this form is subject to verification, and failure to provide the requested documentation, or any falsified information provided, may result in immediate termination from the program.

Please send all questions regarding the application process or if you need additional assistance to pwcyouthprograms@phoenix.gov.

Signature

Date

Equal Opportunity Employer/Program
Auxiliary Aids and services are available upon request to individuals with disabilities.