



American Apprenticeship Initiative Grant

PERSONAL INFORMATION

Name: _____
Last First MI

Date of Birth: _____ Gender: Male ☐ Female ☐

Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip Code: _____

Social Security # _____ Marital Status: _____

Email Address _____

Primary Phone # _____ mobile, home, work

Are you authorized to work in the United States?

I attest that I am one of the following:

Employment Status:

Have you received services from the **WIO/WIOA or Wagner Peyser Act**? _____ Have you ever worked for CVS? _____

Have you ever participated in **YouthBuild or JobCorp**? _____ If so, were you terminated? _____

Did you receive **SSI, SSDI, or both** in the last 12 months? _____ If so, are you eligible for rehire? _____

Number of children? _____

Participant Summary Information

Ethnicity: _____ Military Status: _____ Education: _____

*Have you ever been arrested, convicted of, or charged with a felony or misdemeanor? _____

If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

*Disclosing this information does not automatically disqualify you for American Apprenticeship Initiative Grant.

HCC Policy Statement - ADA

Services to Students with Disabilities

Any student with a documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc.) needing to arrange reasonable accommodations, must contact the Ability Services Office at the respective college at the beginning of each semester. Faculty are authorized to provide only the accommodations requested by Ability Services through an accommodations letter. For questions please contact the ADA Counselors listed below at your college or visit the ADA Web site at www.hccs.edu then click Future students, scroll down the page and click on the words Disability Information. Central ADA Counselors – 713-718-6164



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Emergency Contact Information

Name: (Please Print)

Last

First

MI

Primary Emergency Contact Name: (Please Print)

Last

First

Relationship: _____

Home Phone: _____

Cell Phone: _____

Secondary Emergency Contact Name: (Please print)

Last

First

Relationship: _____

Home Phone: _____

Cell Phone: _____

Have you ever taken the Pharmacy Technician Certification Board Exam?

Have you ever been a registered with the Texas State Board of Pharmacy as either:

- Registered Technician Trainee
- Registered/Certified Pharmacy Technician



AGREEMENT

- I understand that this grant is offered in partnership between the United States Department of Labor and Houston Community College and disclosure of my academic records will be required for the purpose of federal reporting as required by the American Apprenticeship Initiative Grant.
- I authorize Houston Community College to disclose records relating to my performance, job placement, and industry certifications to employer partners and the United States Department of Labor.
- I authorize Houston Community College to disclose my directory information (records include: name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, and number of semester hours completed and in progress, enrollment status, student classification and name of most recent institution attended).
- I agree to abide by the policies, procedures, rules, and regulations of Houston Community College.
- I agree to abide by all Houston Community College – American Apprenticeship Initiative Grant testing and assessment requirements.
- I understand that my training and employment with the American Apprenticeship Initiative Pharmacy Technician Program is contingent upon having a clean/negative drug test screen result.
- I understand that the training under the American Apprenticeship Initiative Grant is solely for an apprenticeship with CVS Pharmacy.
- I understand meeting eligibility requirements does not guarantee an interview or acceptance into the Houston Community College – American Apprenticeship Initiative Grant.
- I understand that all materials submitted will become the property of Houston Community College - American Apprenticeship Initiative Grant.
- I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations, or omissions made by me on the application or during the application process shall be grounds for refusal to be admitted into the Houston Community College – American Apprenticeship Initiative Grant.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of Houston Community College – American Apprenticeship Initiative Grant.

I understand that under the American Apprenticeship Initiative Grant no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has already been taken upon this release.

Signature of Student

Date



Authorization to Release Information FERPA Release Form

Student Name (Please Print)

HCC Student ID Number

Email

Phone Number

This release represents your written consent to permit **Houston Community College System** to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.

I, _____ [print full name] am a student at **Houston Community College System**, and hereby give my voluntary consent to officials:

A. To disclose the following records:

- Directory Information (records include: name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, and number of semester hours completed and in progress, enrollment status, student classification, and name of most recent institution attended.)
- All academic records (records include: admissions and registration information, schedule documentation contained in the academic records.)
- Records relating to my performance
- Records relating to job placement
- Records relating to industry certifications and certification tests.

B. To the following person(s):

- United States Department of Labor
- CVS Health
- American Apprenticeship Initiative Grant Employer Partner

C. These records are being released for the purpose of:

- Federal reporting to the U.S. Department of Labor Apprenticeship opportunities

I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USC 123g; 34 CFR §99; commonly known as the "Buckley Amendment") no disclosure of my records can be made without my consent unless otherwise provided for in legal statutes and judicial decisions. I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release.

Signature of Student

Date



American Apprenticeship Initiative Grant

For Office Use Only:

CVS Health Representative: _____ Date: _____

Selected: _____

Not Selected: _____

Waitlist: _____

-
- Texas ID
 - Social Security Card

Houston Community College Representative: _____

Date: _____



Social Media & Networking

The HCC and the pharmacy technician program strive to protect the privacy of patients, students and college personnel. Before making any type of social media post regarding HCC, the pharmacy technician program and its faculty, staff &/or students, be sure you are aware and understand HCC policy regarding discrimination and harassment.

Students in health care programs must adhere to federal laws regarding HIPPA protected information and college policies regarding protection of privacy of the student's patients. Students may not post any photos, videos, patient information, or any other data regarding patients or affiliations on Social Networking sites, including but not limited to Facebook, MySpace, Twitter, YouTube. In an effort to protect this privacy, the pharmacy technician program prohibits the use of social media during lecture and lab times (unless it is specifically being used as a communication instrument by the instructor and is part of the course content and requirements). Additionally, students are prohibited from making social media posts regarding any specific pharmacy technician program individuals including fellow HCC students, HCC faculty and staff, clinic supervisors, clinic co-workers, clinic employees or clinic patients. Pharmacy technician students are PROHIBITED from taking photographs of any pharmacy technician program facilities, faculty and/or staff without the express consent of the program director or the individual involved.

Disruptive Student(s) Policy:

Pharmacy Technician students who demonstrate disruptive and at-risk behaviors in the PHRA-1243 classroom & lab, aids others in compromising the learning environment, and are unable to provide safe and quality education to other students shall be subject to disciplinary action by the course instructor.

Disruptive behaviors include but are not limited to:

1. Persistent speaking in classroom/lab without permission
2. Engaging in activities not related to the class subject
3. Inappropriate use of electronic devices such as cell phones, tablets, laptops, cameras, camcorders, etc.
4. Sleeping in classroom/lab
5. Frequently entering classroom/lab late or leaving early
6. Eating/drinking in classroom/lab without permission
7. Disputing authority and arguing with faculty and other students in class and outside the class period
8. Threats of any kind
9. Harassment of any kind
10. Physical altercations
11. Destruction of property
12. Any type of behavior that puts the safety of the instructor or students in the classroom/lab in jeopardy

Disciplinary Procedures:

When disruptive behavior occurs in a classroom or lab,

1. The instructor will warn the student verbally, explaining to the student(s) that his/her behavior or action is disruptive and that it must cease immediately or the student(s) will face removal from the classroom or lab.
2. If the student(s) fails to comply with the instructor's verbal warning, the student(s) will be asked to leave the classroom or lab immediately. Thereafter, the student(s) will be given a written warning explaining the behavior or action that lead to him/her being asked to leave the classroom/lab. If the student(s) refuses to leave as instructed, the instructor will summon the HCC police or the college police to remove the student(s).

If the disruptive behavior or action persists or escalates even after the written warning, the student(s) will be dismissed from the course immediately and he/she will be referred to program director for further disciplinary action. HCC police or the college police may be called to escort the student(s) off the premises.

Signature of Student

Date



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer HCC ("the Company") **through Quick Test Labs** may obtain information about you from a third-party consumer reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. **Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.**

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by **C-Net Technologies, 3513 SW H.K. Dodgen Loop, Suite 204, Temple, TX 76502, (877) 742-0005, www.cnettechnologies.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Any other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License**

Present Address: _____ Phone Number _____

City & County/State/Zip _____



Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. C-Net Technologies & Quick Test labs expressly disclaims any warranties or responsibility, or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

List all the places you have lived in the past 10 years including address, state, and county:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Omitting any prior residency or false information will be considered cause to not accept a candidate into the program.

Any information found to be inaccurate after acceptance into the program will be cause for dismissal from the program. It also may result in a demand for restitution to the institution for the cost of the program.

***This information will be used for background screening purposes only.**