

# RESPIRATORY THERAPY APPLICATION

Date received: _____
Receipt # _____
Agency: _____
Counselor: _____
Copy to Bookkeeper _____

## PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_  
(City) (State) (Zip)

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATIONAL HISTORY

I graduated in \_\_\_\_\_ from \_\_\_\_\_,  
(MM/YY) (Name of School) (City) (State)

I completed my GED in \_\_\_\_\_ in the state of \_\_\_\_\_.  
(MM/YY)

Have you completed any college coursework? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_  
(Include state)

List any college degrees or vocational certificates held: \_\_\_\_\_

## EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

2. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

3. \_\_\_\_ I have not been employed outside the home.

## EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK:**

All applicants applying for FTC programs will be required to undergo a criminal background check. This background check will require the applicant to list all states the applicant has resided in since 18 years of age. Failure to accurately list this information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

**Have you ever been convicted as an adult offender of any crime?**  Yes  No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 FSMO). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- Voluntary Manslaughter       1<sup>st</sup> & 2<sup>nd</sup> degree Arson       1<sup>st</sup> & 2<sup>nd</sup> degree Robbery
- 1<sup>st</sup> & 2<sup>nd</sup> degree Assault       Murder       Sexual Offender
- Other (Specify) \_\_\_\_\_

**LICENSURE:**

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

**Have you ever been denied a health license in this or any other state?**  Yes  No

**DRUG SCREENING:**

As part of the final steps in the selection process Respiratory Therapy applicants will be required to submit to a drug screening.

**PROGRAM INFORMATION:**

- Have you ever previously applied for any Health Science program?  Yes  No  
Where? \_\_\_\_\_
- Have you taken any entrance exam for a program?  Yes  No  
Which test have you taken?  HOBET  TABE
- How did you hear about the Respiratory Therapy program?  
 Radio       School Sign       Friend       Other  
 TV       Brochure       Newspaper

THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).

If accepted as a student, I give MSSC/FTC permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information. I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from MSSC/FTC.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_