

**RESPIRATORY
THERAPY
PROGRAM**

Criminal Background Check

3950 E. Newman Rd. * Joplin MO 417 659 4438

As a requirement of all FTC's programs, I consent to the release of any criminal history records to Franklin Technology Center. 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. My record will be considered for the purposes of determining my suitability for any technical or health program. I do not authorize release of this information for any purposes beyond this program requirement.

I understand that this Criminal Background Check Form must be signed and returned to the FTC Office in order to complete the final step in the application process.

Name: _____			
(Please Print)	First	Middle	Last
If Married Maiden Name: _____			

Driver's License Number: _____	State of Issuance of Driver's License: _____
Social Security Number: _____	Date of Birth: _____
Have you ever been convicted of a felony? _____ Yes _____ No	
Have you ever been convicted of a misdemeanor? _____ Yes _____ No	
If yes to the above, Please specify the charge/conviction _____	
If yes to the above, Please specify the city/county and state of conviction _____	

Current Address: _____
City: _____ State: _____ Zip: _____
Current Phone Number (Include area code): _____

Please list all other States with Address(es) since the age of 18 years on the second sheet of this form.

Students that are accepted through false or incorrect information on this background form will be terminated from the educational program.

I hereby authorize Franklin Technology Center to obtain any background or informational reports on me as they may deem necessary.

Signature: _____

Date: _____

Information below this line is for office use only
State Criminal History from the following state (s)
() MO, () KS, () OK, () AR

Date: _____
Initials: _____

Other States: _____

Name: _____

List addresses, the most current first, since the age of 18.

1. _____ How Long? _____
Address City State
2. _____ How Long? _____
Address City State
3. _____ How Long? _____
Address City State
4. _____ How Long? _____
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5. _____ How Long? _____
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