1806 S. Euclid Avenue
Bay City, MI 48706
Phone: 989-667-8802 ❖ **Fax:** 989-667-4601
Website: www.valleytrainingcenter.com
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BACKGROUND CHECK CONSENT 2017

As part of our agreement with the long-term care facilities which allow us to provide clinical experience at their location, we are required to obtain criminal background information on each student. This information may be made available to the long-term care facility.

PLEASE PRINT ALL INFORMATION LEGIBLY.

FULL NAME: ____

STREET ADDRESS: ____

CITY, STATE, ZIP CODE: ____

	RACE
	White
	Black
	Asian or Pacific Islander
	American Indian or Alaskan Native
	Other/Unknown

	SEX
	Male
	Female

DATE OF BIRTH		
Month	Day	Year

MAIDEN NAMES OR
NAMES PREVIOUSLY USED: ____

____

____

DRIVERS LICENSE NUMBER: ____

I CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS ACCURATE.

I understand that if the background check determines that I have certain misdemeanors or felonies, I may be prohibited from attending the clinical training and therefore not eligible to complete the Nurse Aide Training Program.

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Applicant's Signature Date