

Family Counseling Center of Armstrong County
Applicant Registration for fingerprinting for FBI Clearance

Reason Fingerprinted: EMPLOYMENT WITH A SIGNIFICANT LIKELIHOOD OF
REGULAR CONTACT WITH CHILDREN

Personal Information:

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Place of Birth City: _____

Place of Birth: _____

Place of Birth State: _____

SSN: _____

Sex: _____

Race: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Country of Citizenship: _____

Driver's License No: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-Mail Address: _____

Alias Last Name: _____

Alias First Name: _____

Alias Middle Name: _____