



Take this form with you to fingerprinting appointment

ROE #12

(BBS Fingerprint – School)

*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY				
Applicant's Legal Name (full name)	First:	Middle:	Last:	
Alias or Maiden Name	First:	Middle:	Last:	
Home Address:	Street Address:	City:	State:	Zip:
APPLICANT INFORMATION				
Date of Birth (MM/DD/YYYY): ____/____/____	Social Security Number: ____-____-____		Place of Birth (state):	
Phone Number:		Email Address:		
Driver's License Number:		State of Issuance:	Gender: Male Female	
Race (Circle): Indian/Alaskan Asian Black Pacific Islander White/Caucasian Hispanic/Latino Unknown/Other	Skin Tone (Circle): Black Dark Brown Light Brown Fair Light Medium Olive	Eye Color (Circle): Black Blue Brown Green Gray Hazel Other	Hair Color (Circle): Bald Black Blonde Brown Gray Sandy Red	Height: ____ ft. ____ in. Weight
Reason for Fingerprinting: (Please Circle One) <u>Substitute Teacher</u> <u>ROE #12 Employee</u>				
APPLICANT SIGNATURE AND DATE				
Signature (parent/guardian signature required if under the age of 18):			Date:	

Office Use Only: Bushue Background Screening				
Proof of Identity: DL State ID Passport Birth Certificate SSC			ORI Number: Regular: IL080E12S	
Technician:	Technician License Number: 249.000 _____	TCN:		Purpose Code:
Date of Fingerprint:	Time:	Location:	Payment Amount _____ Payment Type: Cash M.O CC _____	