

APPLICANT INFORMATION

Please Print Legibly

Applicant's Full Legal Name	First:	Middle:	Last:
Address (street, city, state, zip):			
Phone Number:		Email Address:	
Date of Birth (MM/DD/YYYY):		Gender:	
____ / ____ / _____		____ Male ____ Female ____ Unknown ____ Other	
Race (indicate one):	Height:	Hair Color (indicate one):	Eye Color (indicate one):
____ American Indian/Alaskan Native	____ ft	____ Bald ____ Black	____ Black ____ Blue
____ Asian/Pacific Islander	____ in	____ Blonde/Strawberry	____ Brown ____ Gray
____ Black	Weight	____ Brown ____ Sandy	____ Green ____ Hazel
____ Indeterminable/Unknown		____ lbs	Other: _____
____ White/Latino		____ Gray/Partial Gray	
* Illinois State Police only allows the above options			
What State You Were Born In?	Social Security Number:	Driver's License Number & State Issued:	
_____	_____ - _____ - _____	_____	
Position: (reason for fingerprinting)	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Monitor <input type="checkbox"/> Coach <input type="checkbox"/> Contractor <input type="checkbox"/> Custodian <input type="checkbox"/> Volunteer <input type="checkbox"/> Food Service <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Student Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher Other: _____		
APPLICANT SIGNATURE AND DATE			
Applicant Signature (if the person listed at the top of this form is under the age of 18, their parent or guardian should sign and date these sections.)			Date:
_____			_____

PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT

Office Use Only: Bushue Background Screening

Proof of Identity:		ORI Number:	
____ DL ____ State ID ____ Passport Other: _____		_____	
Technician:	Tech License #:	TCN:	Purpose Code:
_____	249.000 _____	_____	_____
Date of Fingerprint:	Time:	Location:	Payment Amount:
_____	_____	_____	_____
Cash _____ M.O/Check: _____ Card: _____			