



APPLICANT INFORMATION

Please Print Legibly

Applicant's Full Legal Name	First:	Middle:	Last:
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Address (street, city, state, zip):

Phone Number:	Email Address:
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Date of Birth (MM/DD/YYYY):	Gender:
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Race (indicate one):	Height:	Hair Color (indicate one):	Eye Color (indicate one):
	Weight		

What State You Were Born In?	Social Security Number:	Driver's License Number & State Issued:
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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: _____
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APPLICANT SIGNATURE AND DATE

Applicant Signature <i>(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.)</i>	Date:
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PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT

Office Use Only: Bushue Background Screening

Proof of Identity:	ORI Number:
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Technician:	Tech License #:	TCN:	Purpose Code:
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Date of Fingerprint:	Time:	Location:	Payment Amount:
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