



Galesburg CUSD #205

(BBS Fingerprint – School)

*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name <small>(full name)</small>	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.	
Circle if applicable: Student Teacher Bus Driver Contractor					
Position Applying For (if contractor, list the name of your employer): _____					
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: IL048205S Bus Driver: SB0480205		
Technician:	Technician License Number: 249.000 _____		TCN: LS11798L8694 _ _ _ _		Purpose Code:
Date of Fingerprint:	Time:	Location: ROE #33		Payment Amount _____ Payment Type: Cash M.O CC _____	