



(BBS Fingerprint – MISC.)

*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					
Position (please write in or circle one below): _____ Sub Student Teacher Bus Driver Contractor RN LPN Cannabis CCW Physician Other _____					
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:		
Technician:	Technician License Number: 249.000 _____		TCN: LS11798L8694 _____	Purpose Code:	
Date of Fingerprint:	Time:	Location:	Payment Amount _____ Payment Type: Cash M.O CC _____		