

### APPLICANT INFORMATION

Please Print Legibly

<b>Applicant's Full Legal Name</b>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
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**Address (street, city, state, zip):**

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

<b>What State You Were Born In?</b>	<b>Social Security Number:</b>	<b>Driver's License Number &amp; State Issued:</b>
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<b>Position:</b> (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

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

### Office Use Only: Bushue Background Screening

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