



FINGERPRINTING PROCESS

NOTE: ALL NEW HIRES MUST BE FINGERPRINTED BEFORE BEGINNING EMPLOYMENT

| Employee's Name (Last, First, MI, Maiden) | | | | Social Security Number | | |
|--|---|----------------|----------|------------------------|--------------|--------------|
| Address (Street, City, State, ZIP) | | | | Telephone Number [] | | |
| Date of Birth (00/00/0000) | Place of Birth (City, State, Country) | Height (Ft/In) | Weight (| Lbs) | Eyes (Color) | Hair (Color) |
| Race | Sex State ID or Driver's License Number | | | | | |
| Marital Status [] Single | e [] Married [] Divorced | [] Widow | [|] Domestic | Partnership | |
| [] Yes [] No Have you ever been fingerprinted for child care? If yes, date | | | | | | |
| [] Yes [] No Have you ever been convicted of a crime? If yes, please explain | | | | | | |
| | | | | | | |
| | | | | | | |
| Position Applied for | | | | | | |
| Organization | | | | | | |
| Location | | | | | | |
| Employee Signature | | Date | | | Time | |
| | | | | | | |
| | | | | | | |
| Human Resources Approval Date | | | | | | |
| | | | | | | |
| SCHOOL POLICE USE ONLY | | | | | | |
| Authorized Signature | | | | | Date | |