



FINGERPRINT APPLICATION FORM

Date: _____

The Varnett Public School requires that all applicants submit a fingerprint applicant information form. The information below is required.

Full Name:	
SS#:	Date of Birth:
Former Name Used:	
Citizen Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Alien Permanent Resident <input type="checkbox"/> Other _____	
Permanent Address:	
Present Address:	
Height:	Weight:
Color of Hair:	
Color of Eyes:	
Race:	
Driver License:	
Place of Birth:	

I, _____ acknowledge that I have to be fingerprinted before my first day on the job at The Varnett Public School. It is my responsibility to call The Varnett Public School to receive my Fast Fingerprint Pass. I also understand this is my expense. After I receive the Fast Fingerprint Pass, I have three (3) business days to get fingerprinted.

Signature

Date