

TCN _____

**Detroit Public Schools
LIVESCAN FINGERPRINT APPLICANT INFORMATION FORM**

Date: _____

Name: _____

File #: _____

Address: _____ Telephone No.: _____

City: _____ State: _____ Zip code: _____

School/Office Location: _____ Title: _____

Date of Birth: _____ Place of Birth: _____

U.S. Citizen: Yes No If no, what country? _____

Gender: Male Female Height _____ Weight _____

Race: White Black Asian/Pacific Islander Am. Indian/Alaskan Hispanic

Military (What branch, if applicable) _____

Drivers License or State ID# _____

If not Michigan, in what state was the DL or State ID issued? _____

To your knowledge, have you been convicted of any crime, misdemeanor or felony?

Yes No

If yes, please explain: _____

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FOR OFFICE USE ONLY

Applicant's Name: _____

Initials of Technician: _____

Date: _____