

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: \_\_\_\_\_