COOPERATIVE EDUCATIONAL SERVICES Fingerprinting Application

Today's Date:					
Last Name:		First Name:		Middle:	
Maiden/Alias:					
Date of Birth:					
Social Security#:_					
Sex:Race:	Height: Hispanic/Asian White/Black/ America Indian	_Weight:	Eyes:	Hair:	
Home Address:			(City/Town:	
State:	Zip code: _	Zip code:State/Country of Birth:			
Phone No.: E-mail address:					
Signature: Are you a certified teacher:					
Position/Title: Position Start Date:					
_	Contractor	C.E.S E		<u>ation</u>	
Notification Fingerprints submitted will be used to check the criminal history records of the FBI					
Regulations (CFR) us/cjis/background Change, Correction	, Section 16.30 through-check. on, or Updating	gh 16.33 or go to	the FBI we	t forth at Title 28, Code of Federal bsite at http://www.fbi.gov/about- criminal history record are set forth at Title	
	al Regulations (CFR),		y or arribi	chilinal history record are sel form at thie	
well as the Federa		on United States	Departmer	nents for Noncriminal Justice Applicants as int of Justice Privacy Act Statement. A copy	
Print Name			1	Date	
Signature					