

iTouch Biometrics

Identification Services

Public School District Employees

School Name: _____

Applicant Name:

Last

First

Middle

Maiden/Alias Name:

Last

First

Middle

Applicant Home Address:

House Number

Direction

Street Name

City

State

Zip

Methods of Contact:

Daytime Phone

Evening Phone

E-mail Address

Preferred Time for Contact

Applicant Demographic Data:

Date of Birth
(MM/DD/YYYY)

Gender

Ethnicity/Race

Weight

Height (ft. & in)

Place of Birth
City, State, Country

Hair Color

Eye Color

Citizen Country

Applicant Employer Information:

Employer Name

Employer Address

Employer Contact

Contact Phone Number

Please bring your driver's license or another valid State or Federal ID at the time of your appointment. You will be given a receipt that you must return to the district Personnel Office within 30 days to provide evidence that you have complied with this requirement.

Livescan Vendor Information and Applicant Consent Form

Instructions:

This form is to be completed by the agency or organization seeking to have a fingerprint-based criminal history record information check completed for an applicant. It is imperative that the correct agency/organization identification number (ORI) and purpose code be included on the form in order to ensure that the criminal history record check is processed properly and that the criminal history response is forwarded to the appropriate destination. The agency/organization contact person's name and phone number should also be included in case the livescan vendor encounters a problem or has questions regarding billing, etc. The livescan vendor will use the applicant information appearing on the form to verify the identification documentation provided by the applicant before the fingerprints are taken. Consequently, it is important that the agency/organization complete the applicant information section in detail. The applicant should sign the form in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, two copies of the form should be made by the agency/organization. Both copies are to be provided to the applicant. The applicant is to give one copy of the form to the livescan fingerprinting vendor to use to submit the criminal history record fingerprint inquiry to the Illinois State Police and/or Federal Bureau of Investigation for processing. The applicant should keep the other copy for their files. The form containing the applicant's original signature authorizing the release of any criminal history record information that may exist, should be maintained in file by the agency/organization seeking to employ, license or utilize the services of the applicant.

Agency/Organization Information

Agency/Organization Name: Zion Elementary School District 6		Agency/Org. ORI Number: IL049006S
Cost Center (if applicable): 06380	Purpose Code: 6380	Request Type: State/FBI ☐ State Only ☐ FBI Only ☐
Contact Person Name: Human Resources		Contact Person Phone #: 847-379-0107

Applicant Information

Name:	Sex:	Race:	Date of Birth:
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Livescan Vendor/Appointment Information

Vendor Name: Zion Elementary School District 6		Address: 2800 29th Street, Zion, IL 60099
Phone Number: 847-379-0107	Appointment Date:	Appointment Time:

Applicant Consent

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI). I further understand that the ISP and/or FBI may share my fingerprints with other governmental agencies. **In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Applicant Name (printed)	Date
Applicant Name (signature)	