



# SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

## FINGERPRINTING APPOINTMENT INFORMATION

School Districts are mandated to fingerprint all new certified and support staff prior to beginning your assignment. Please reference the information below to schedule your fingerprinting appointment.

School District 69 District Office  
Hours of Operation: 8AM-4PM  
5050 Madison Street  
Skokie, Illinois 60077  
847-675-7666

Contact Information  
Matt Pumanes  
District Receptionist/Admin Asst. to Tech  
PumanesM@skokie69.net  
847-675-7666

Required Information  
You are required to complete the attached fingerprinting form.  
Please bring it to your appointment along with a photo ID.

We will do our best to accommodate your schedule. There is no cost to you for this service.

If you have any questions, please feel free to contact Matt Pumanes at 847-675-7666 OR [PumanesM@skokie69.net](mailto:PumanesM@skokie69.net). Your assistance in completing this mandated fingerprinting process as soon as possible is greatly appreciated.



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## PRE-EMPLOYMENT FINGERPRINTING FORM

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Race:

- American Indian or Alaskan Native     Asian or Pacific Islander  
 Black     White or Latino

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth (State/Country): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position: \_\_\_\_\_ Building: \_\_\_\_\_

Home Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I hereby request my fingerprints be taken and submitted to the Illinois State Police and FBI.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Completing the Fingerprinting: \_\_\_\_\_