

RESA 7 Substitute Bus Operator Training  
BACKGROUND CHECK INFORMATION FORM

**REQUIRED INFORMATION FOR FINGERPRINTS**

**PLEASE PRINT CLEARLY & COMPLETE ALL LISTED INFORMATION**

|  |  |
| --- | --- |
| **FIRST NAME** |  |
| **MIDDLE NAME** |  |
| **LAST NAME** |  |
| **MAILING ADDRESS** |  |
| **ADDRESS CITY & STATE** |  |
| **ZIP CODE** |  |
| **PHONE NUMBER** |  |
| **DATE OF BIRTH (MM/DD/YYYY)** |  |
| **GENDER** |  |
| **HEIGHT (FT & IN)** |  |
| **WEIGHT (LBS)** |  |
| **HAIR COLOR** |  |
| **EYE COLOR** |  |
| **RACE** |  |
| **BIRTH CITY, STATE & COUNTRY** |  |
| **COUNTRY OF CITIZENSHIP** |  |
| **PREFERRED L-1 LOCATION, IF KNOWN and/or TIME OF DAY** |  |

*\*Appointment dates are mandatory. Failure to show up could result in dismissal from the class.*