

**Fingerprint Background Check**  
**Missouri School District Employees**  
**Excelsior Springs 40 School District**

**Employment Type (Please check one):**

POSITION	CHECK HERE	POSITION	CHECK HERE
Administrator		Bus Driver	
Certified Teacher		Bus Aide	
Substitute Teacher		OPAA! Food Service	
Adult Ed. Instructor		Other (Write in position)	

**Name (Print):**

\_\_\_\_\_

First

Middle

Last

Suffix

**Alias:**

\_\_\_\_\_

**Street Address:**

**Apt. Number:**

\_\_\_\_\_

**City:**

**State:**

**Zip:**

\_\_\_\_\_

**Home Phone:**

**Cell Phone:**

**E-Mail:**

\_\_\_\_\_

**Date of Birth:**

**Gender (M/F):**

**Height:**

\_\_\_\_\_

**Weight:**

**Hair Color:**

**Eye Color:**

\_\_\_\_\_

**Race:**

**Place of Birth:**

**Country of Citizenship:**

\_\_\_\_\_

**Social Security No. (Required if US Citizen):**

\_\_\_\_\_

Note: I also authorize Excelsior Springs School District to make all necessary and appropriate investigations available by law of my prior background.

**Employee Signature (required):**

**Today's Date:**

\_\_\_\_\_