



**Illinois School District  
Employees**

School ID Number: \_\_\_\_\_

**LEGAL**

Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_  
Mo. Day Year State

Citizenship: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**CIRCLE CODES THAT APPLY**

Daytime Phone: \_\_\_\_\_

Reprint: FBI State Both

<p style="text-align: center;"><u>SEX</u></p> <p>Male.....M Female.....F</p> <p style="text-align: center;"><u>Hair Color</u></p> <p>Bald.....BAL Black.....BLK Blond/Strawberry..BLN Brown.....BRO Gray/Part Gray.....GRY Red/Auburn.....RED Sandy.....SDY White.....WHI</p>	<p style="text-align: center;"><u>RACE</u></p> <p>White.....W Black.....B Asian/Pacific Isl....A Am. Indian/Alaskan...I Hispanic.....H</p> <p style="text-align: center;"><u>EYE COLOR</u></p> <p>Black.....BLK Blue.....BLU Brown.....BRO Gray.....GRY Green.....GRN Hazel.....HAZ Maroon.....MAR Pink.....PNK</p>
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Call 1-815-836-0236 to schedule an appointment.

Please bring your **Driver's License (or other State or Federal-issued Photo ID)** to your fingerprint appointment, along with a **Check or Money Order for \$59.00** made payable to CLS Background Investigations.