

To Be Signed at the Time of Fingerprinting

I have verified the information to be transmitted to FDLE and FBI is correct. I understand I will be liable for additional fees resulting from errors or omissions.

BY _____ BY _____



Hillsborough County PUBLIC SCHOOLS Excellence in Education

PROFESSIONAL STANDARDS DEPARTMENT FINGERPRINTING OFFICE Contractor/Vendor Employee Information

PLEASE PRINT

NAME: Last First Middle Suffix

Social Security # Phone #

Name previously fingerprinted under / Alias / Maiden

Last First Middle Suffix

D.O.B. (Ex. 1950, 03, 05) Year Month Day

Gender: Male Female Race: Asian/Pacific Islander Black Native Amer./Eskimo White/Latino Unknown Height: feet inches Weight: Eyes: Black Blue Brown Green Gray Hazel Hair: Bald Black Blonde/Strawberry Brown Gray Red Sandy White

Place of Birth (State and Country)

Residence Address City State Zip 99 FP Code

Occupation/Job Title Company Name



Please mark amputated or bandaged fingers with an X

*** Notice ***

HCPS collects your Social Security number for the following purposes: Identification and verification, employment qualification, tax reporting, benefits and retirement processing, unemployment compensation, and state reporting to the Department of Education. Social Security numbers are also used as a unique numeric identification within some of our systems and may be used for search purposes.

Nota

Las Escuelas Públicas del Condado de Hillsborough requieren su número de seguro social para los siguientes propósitos: identificación y verificación, requisitos para empleo, reportes de impuestos, procesamiento de beneficios y jubilación, compensación por desempleo y reportes estatales para el Departamento de Educación. El número de seguro social también es usado como un número distintivo de identificación dentro de algunos de nuestros sistemas y podría usarse para buscar información.