



Creative Care Childcare Centers

FBI Fingerprint Clearance Applicant Registration

Last Name _____

First Name _____

Middle Initial _____

Date of Birth _____

Place of Birth City _____

Place of Birth State/Country _____

SSN _____

Sex _____

Race _____

Eye Color _____

Hair Color _____

Height _____

Weight _____

Country of Citizenship _____

Driver's License No. _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Alias Last Name _____

Alias First Name _____

Alias Middle Initial _____

I agree that the \$33.00 FBI clearance document fee will be deducted from my first paycheck.

Signature _____