

**STAFFORD COUNTY PUBLIC SCHOOLS**  
**Department of Human Resources**  
**REQUEST FOR FINGERPRINTING**

Applicant Information					
Last Name		First Name		Middle Name	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Race/Ethnicity		Height ft      in	Weight lbs
Eye Color	Hair Color	Date Of Birth	State Of Birth	Country Of Birth	
For HR Office Use Only					
<input type="checkbox"/> Licensed	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Volunteer	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Hourly	Transaction # _____ Transaction Date _____
<input type="checkbox"/> Service	<input type="checkbox"/> Substitute	<input type="checkbox"/> Coach	<input type="checkbox"/> _____	<input type="checkbox"/> Salaried	
NOTES					