



**Baltimore County Government  
Department of Recreation and Parks**

**Livescan Pre-Registration Application**

This form is for applicants for jobs as *BCRP program leaders or summer staff*.

Appointment Date:	Appointment Time:
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- Complete this form by typing or printing legibly.
- Bring the following documents to your appointment:
  - This livescan form
  - Valid photo ID
- Ask your hiring manager about payment.

REASON FOR REQUEST (FOR LIVESCAN OPERATOR)					
Fingerprint Process Type: <i>Non-Federal Applicant User Fee (NFUF)</i>					
Request Type: <i>B-Child Care Full Background</i>			Reason Fingerprinted: <i>Adam Walsh Act</i>		
Agency: <i>BCRP</i>		Site:			
Licensed Child Care: <input type="checkbox"/> N/A <input type="checkbox"/> Yes: _____				If "yes," also use CCA #: <i>1100000031</i>	
ORI #: <i>MD920523Z</i>		CRI #: <i>MD920523Z</i>		Agency Authorization #: <i>9000017880</i>	
Type: <input type="checkbox"/> <i>Program Leader</i> <input type="checkbox"/> <i>Summer Staff</i> <input type="checkbox"/> <i>Volunteer</i>			Title:		
Are you approved for payment assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes					
APPLICANT INFORMATION (FOR APPLICANT)					
Last Name:		First Name:		Middle Name:	
Social Security #:		Country of Citizenship:		Date of Birth:	
State of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> X		Hair Color:	
Height: ft. in.		Eye Color:		Weight: lbs.	
Race/Ethnicity: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other					
Street Address:				Unit #:	
City:			State:		ZIP Code:
Phone Number:			Email Address:		
Have you ever been convicted of a crime or on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you have any pending charges? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Driver's License Number:					