



**GRISWOLD PUBLIC SCHOOL  
DEPARTMENT OF SCHOOL SAFETY  
FINGERPRINTING APPLICATION FORM**



ALL ENTRIES MUST BE PRINTED CLEARLY  
IN THE WHITE AREA OF THE FORM

1. What position are you applying for here at Griswold Public Schools? (*teacher, aide, nurse, secretary, custodian, cafeteria worker, volunteer*)
2. Your full name in the order as shown on this form (*Last, First, **FULL** Middle*) your maiden name or any previous names that you have had.
3. Your home address (*Street, Town, State and Zip code*)
4. Your social security number,
5. Your Sex, Race Height and Weight Color of your Hair and Eyes. (*use abbreviation listed below*)
6. The date that you were born (*Month/ Day/ Year*) example: 10/20/1961.
7. The Town and State you were born in.
8. Do you have any scars or marks (*tattoos, birth mark...*)
9. Are you a US Citizen? If you were naturalized, where and what was the date that was this done?
10. Have you ever filed for any types of State Application Forms (*Pistol Permit, Security Clearance...*), if "YES" what is the permit form for and when was this done?
11. Have you ever been arrested for and convicted of any type of crimes including DUI (*not to include any traffic infractions*)? If "YES" list them in the appropriate column provided on this card.
12. Please give a name of your closest relative (*spouse, mother, father, brother, sister, cousin, aunt, uncle...*) and their address (*street, town, state and zip code*)

**EYES**

Color	Code
Black	BLK
Blue	BLU
Brown	BRO
Gray	GRY
Green	GRN
Hazel	HAZ
Maroon	MAR
Pink	PNK

**HAIR**

Color	Code
Bald	BAL
Black	BLK
Blonde or Strawberry	BLN
Brown	BRO
Gray	GRY
Green	GRN
Red	RED
Sandy	SDY
White	WHT

What position are you applying for here at Griswold Schools?										
Last Name			First Name			Middle Name		Maiden Name		
Street				Town			State		Zip Code	
Social Security#		Sex	Race	Height	Weight	Hair	Eyes			
Date of Birth		Place of Birth			Scars or Marks					
Are you a U.S Citizen					<input type="checkbox"/>	YES		<input type="checkbox"/>	NO	
If "NO", where and when were you naturalized?										
				City		State		Date		
Have you ever file for application before?				<input type="checkbox"/>	YES		<input type="checkbox"/>	NO		
If "YES" What is the permit for?				Type of permit			Date			
Have you ever been convicted of any violation of the law?					<input type="checkbox"/>	YES		<input type="checkbox"/>	NO	
If "YES", list all cases and give details in spaces below										
Date		Place		Location of Court		Offense		Disposition		
Name and address of your nearest living relative										
Full Name		Street			Town		Zip Code			

Please complete this form and return it at least 1 day before making your appointment to the Griswold High School Main Office or fax it to (860) 376-7684

All appointments can be made at the Central Office or the Elementary School office.

If you need to reschedule an appointment you can contact Officer Crandall at [dcrandal@griswoldpublicschools.org](mailto:dcrandal@griswoldpublicschools.org) or notify the office that you made the appointment through.

For employees, please bring a **CERTIFIED BANK CHECK** or **MONEY ORDER** made out to "Treasurer, State of Connecticut" for \$12.00 with you during your appointment.

**PERSONAL CHECKS ARE NOT ACCEPTED**