



## ***ABSOLUTE INVESTIGATIVE SERVICES, INC.***

**10514 Racetrack Rd., Unit D  
BERLIN, MARYLAND 21811**

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### LIVESCAN PRE-REGISTRATION APPLICATION

#### APPLICANT INFORMATION - PLEASE FILL IN ALL BOXES NEATLY!

|   |                |                              |                            |   |  |
|---|----------------|------------------------------|----------------------------|---|--|
| LAST NAME:  |                | FIRST:                       |                            | MIDDLE:   |  |
| Date of Birth:<br>(mm/dd/yyyy)    /    /  |                | Social Security #:    -    - |                            | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Height:    ft.    inches  | Weight:    lbs | Hair Color:                  |                            | Eye Color:  |  |
| Race: (Please check ONE) <input type="checkbox"/> Black <input type="checkbox"/> White/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other |                |                              |                            |   |  |
| State of Birth or Foreign Country:  |                |                              | Where is your Citizenship: |   |  |
| Current Address: _____ Apt: _____   |                |                              |                            |   |  |
| City:   |                | State:                       |                            | ZIP Code:   |  |
| Daytime Phone:  |                |                              | Driver's License #:        |   |  |

#### REQUIRED INFORMATION

Please Circle **Yes** or **No** for Each Question-

|   |     |    |
|---|-----|----|
| Have you ever been charged or convicted of any criminal activity? | YES | NO |
| Do you have any pending criminal charges?                         | YES | NO |

#### AGENCY INFORMATION

|   |  |  |  |
|---|--|--|--|
| Agency Authorization#: _____<br>(must be 10 Digits)   |  | CCA# (Childcare only, if required)   |  |
| ORI # (if required): _____  |  | Reason fingerprinted? Requirement  |  |
| Potential Job Title(if applicable): _____   |  |  |  |
| Request Type: <i>(Choose one ONLY)</i>  |  |  |  |
| <input type="checkbox"/> Adult Dependent Care<br><input type="checkbox"/> Attorney/Client<br><input type="checkbox"/> Child care<br><input type="checkbox"/> Criminal Justice<br><input type="checkbox"/> Gold Seal/ Adoption<br><input type="checkbox"/> Gold Seal/Letter/VISA<br><input type="checkbox"/> Government Employment |  | <input type="checkbox"/> Government Licensing or Certification<br><input type="checkbox"/> Immigration/VISA<br><input type="checkbox"/> Individual Challenge<br><input type="checkbox"/> Individual Review<br><input type="checkbox"/> MSP Licensing<br><input type="checkbox"/> Private Party Petition<br><input type="checkbox"/> Public Housing |  |