



**ESS is a State of Maryland, Department Of Public Safety and Correctional Services
 Certified Private Provider serving Maryland since 2013.**

LIVESCAN PRE-REGISTRATION APPLICATION

REQUIRED APPLICANT INFORMATION: (Please print legibly.)

Name: (First, Middle, Last)			Email:		
Date of birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral		Hair Color:	
Height: ft. inches		Weight: lbs.		SSN:	
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)					
Place of Birth (City and State):			Country of Citizenship:		
Current address:					
City:			State:		ZIP Code:
Driver's License #:		Expiration		Phone:	

REQUIRED INFORMATION:

Please answer the following two questions. Circle Yes or No.

Have you ever been charged or convicted of any criminal activity? Yes or No

Do you have any pending criminal charges? Yes or No

AGENCY INFORMATION: (additional fingerprints require a separate form and additional fees)

Agency Authorization #:

ORI # (if required):	Reason Fingerprinted?
Position Applied for:	Employer Name:
Request Type: (Select only ONE)	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child Care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition (Position Applied For must be completed) <input type="checkbox"/> Public Housing

Noncriminal Justice Applicant's Privacy Rights:

Pursuant to the provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, you are hereby notified that the fingerprints you are submitting via Essential Support Services, LLC will be used to check the criminal history records of the F.B.I., in order to determine your suitability for employment by the requesting agency.

Identification records obtained from the F.B.I. may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify you as an applicant, you will have the opportunity to complete, or challenge the accuracy of the information contained in the F.B.I. identification record.

If you wish to correct the record as it appears in the FBI's identification Division Records System, you are advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

Signature/Date: _____