



# Mount Ararat Community Activity Center

Department of Welfare / State of Pennsylvania Clearance Information

**REASON FINGERPRINTED** (Please check one)

Childcare Employment

Employment With A Significant Likelihood of Regular Contact With Children

**Personal Info**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alias Last Name: \_\_\_\_\_

Alias First Name: \_\_\_\_\_

Alias Middle Name: \_\_\_\_\_