



MORGAN COUNTY SHERIFF'S OFFICE  
MIKE CARMODY, SHERIFF

P. O. Box 129, 300 West Court Street, Jacksonville, Illinois 62651  
Office: 217-245-4144 • Jail: 217-243-6123  
Fax: 217-243-6998

## FEE APPLICANT PERSONAL DATA

Name: \_\_\_\_\_  
   Last  First  MI

Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                          Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
   Street Address  City, State & Zip Code

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

Phone #: \_\_\_\_\_    e-mail: \_\_\_\_\_  
 \*\*\*Please list the number and email for you to be reached if we need to reschedule your appointment\*\*\*

Sex: \_\_\_\_\_    Race: \_\_\_\_\_

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

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

Place of Birth: \_\_\_\_\_

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

Response to: Regional Office of Education (Adams/Brown/Cass/Morgan/Pike/Scott Counties)  
 Address: 110 N. West St.  
Jacksonville, IL 62650

Occupation at school: \_\_\_\_\_

Agency ORI: ILL11980S  
 Cost Center: 3968

**PLEASE PRINT INFORMATION VERY CLEARLY TO ENSURE THERE  
ARE NOT DELAYS IN PROCESSING YOUR BACKGROUND CHECK!!!!**

\*\*\*\*\*FOR PERSONNEL USE ONLY\*\*\*\*\*

Date & Time of appointment: \_\_\_\_\_

Fee Paid on: \_\_\_\_\_                          Cash: \_\_\_\_\_                          Check #: \_\_\_\_\_