☐ STUDENT/RESIDENT ☐ VOLUNTEER ☐ CONTRACT EMPLOYEE ☐ FEE BASIS ☐ REGULAR EMPLOYEE

☐ DISBURSEMENT RES. ☐ WOC

Courtesy (Yes/No) _____ **If Yes, which VA:** _____ **SON**: _____ **SOI**: _____

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO SUBMIT YOUR FINGERPRINTS WHICH WILL BE TAKEN BY HUMAN RESOURCES AS PART OF PROCESSING YOUR APPOINTMENT OR IN CONNECTION WITH THE REINVESTIGATION REQUIRED DUE TO THE RISK LEVEL ASSOCIATE WITH YOUR POSITION.

***ORGANIZATION**: _____ (AGENCY WORKING FOR)

***POSITION TITLE:** _____JOB SERIES: _____

***NAME**: _____

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ALIAS: _____

***DOB**: _____/_____/_____ **(US SSN Only) *SSN#:** _____ - _____ - _____

CURRENT ADDRESS_____

TELEPHONE NUMBER: _____ WORK _____ HOME _____

PERSONAL EMAIL ADDRESS: _____

PLACE OF BIRTH: _____STATE: _____ COUNTRY_____

ARE YOU A US CITIZEN: ☐ YES ☐ NO IF NO, WHAT COUNTRY? _____

DUAL CITIZEN_____ (YES /NO) IF YES; COUNTRY _____

FOR THE FOLLOWING SECTION, SEE CHART BELOW FOR SPECIAL CODES

GENDER: _____ RACE: _____

EYE COLOR_____ HAIR COLOR: _____

HEIGHT: _____ WIEGHT: _____

(FEET, INCHES) (POUNDS)

CHART

RACE
A-ASIAN
B-BLACK
I- NATIVE AMERICAN
W-CAUCASION/LATINO
XXX- UNKNOWN

EYE COLOR:
BLK-BLACK
BLU-BLUE
BRO- BROWN
GRN-GREEN
GRY- GRAY
HAZ- HAZEL
XXX- UNKNOWN

HAIR COLOR:
BLK- BLACK
RED- RED/AUBURN
BLN- BLONDE/STRAWBERRY
GRY- GRAY/PARTIALLY GRAY
BAL- BALD
BRO- BROWN
WHI- WHITE
XXX- UNKNOWN

FINGER PRINTED BY: _____

DATE: _____

POSITION SENSITVITY: NACI MBI BI