



"Delivering Excellence Every Day"

HUMAN RESOURCES FINGERPRINT AND I.D. INFORMATION

Name of Employee (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (State or Country): _____

Gender: ____ Height: ____ Ft: ____ Inch: ____ Weight: ____ Eyes: ____ Hair: ____

Race which you would be identified (Please check one):

- White Black Asian Other

Are you a US Citizen? Yes ____ No ____ Social Security No. _____

Department: _____ Occupation: _____

Start Date: _____

To be filled by Department Personnel Representative Only.

Job Opening #: _____ Index Code: _____

Temp Agency (If applicable): _____

Employee's Signature

Date