



**HUMAN RESOURCES
FINGERPRINT AND I.D. INFORMATION**

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone No.: _____ Email: _____

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

Gender: _____ Height: _____ Feet _____ Inches 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 Number: _____

Department: _____ Classification: _____

To be completed by the Department Personnel Representative Only.

Job Opening # _____ Index Code: _____

Contractor's Name: _____

Appointment Date: _____ Appointment Time: _____

Employee Signature

Date