



FINGERPRINT APPLICATION

SOI:VA90 & SON:1184

***** FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI *****

IF FINGERPRINT IS FOR ANOTHER VA FACILITY OR OTHER U.S. AGENCY/DEPARTMENT, PROVIDE

SON: _____ SOI: _____ IPAC: _____

EMPLOYMENT TYPE (Circle One)	<u>Employee</u> <u>Volunteer</u> <u>Student</u> <u>Resident</u> <u>Fellow</u> <u>Contractor</u>
NAME (Last, First, Middle)	
OTHER NAMES USED	
SOCIAL SECURITY #	_____ - _____ - _____
DATE OF BIRTH (YYYY MM DD)	Year: _____ Month: _____ Day: _____
HOME ADDRESS	
CONTACT INFORMATION	Phone: _____ Email: _____
CITIZENSHIP COUNTRY	
PLACE OF BIRTH (City/State or City/Country)	City: _____ State: _____ (provide Country if born outside of US)
OCCUPATION	
GENDER	
RACE (Circle One)	<u>Asian</u> <u>African American</u> <u>Native American</u> <u>Unknown</u> <u>Caucasian/Latino</u>
EYE COLOR	
HAIR COLOR	
HEIGHT	_____ ft. _____ in.
WEIGHT	_____ lbs.

***** PERSONNEL SECURITY USE ONLY *****

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FINGERPRINTS TAKEN BY		DATE	
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