VA – FINGERPRINT RECORD PREP SHEET

(PLEASE PRINT CLEARLY)

Name: _____/ _____/ _____
Last First Middle

Social Security Number: _____ - _____ - _____

Date of Birth: _____/ _____/ _____ Phone/Ext #: _____
Year Month Day

State of Birth: _____ Country of Birth (if outside US): _____

Sex (circle): Male Female Other

Race (circle): Asian Black Native American Unknown Caucasian/Latino

Eye Color: _____ Hair Color: _____

Height: _____'_____" Weight: _____
Ft In Lbs

Circle One: Employee Pre-Employ Resident Student Volunteer WOC Contractor

Service (Department): _____ e.g. Medical, EMS, HR, Voluntary

Circle One: Full-Time Part-Time Temporary Intermittent FEE

*****IF PRE-EMPLOYMENT:**

City of Birth:_____

County of Birth:_____

Email Address:_____

Job Title:_____

*****OFFICIAL USE ONLY – To be completed by PIV Office Representative**
Notes:

Date Fingerprinted: _____ Person Capturing Fingerprints: _____

CASE #:

Closed Date:

NI FLAG UNCLASS OTHER:

Revision: 8/2015