

# FINGERPRINT RECORD PREP SHEET

WOC'S, INTERNS, RESIDENTS, VOLUNTEERS, CONTRACTORS, TERM EMPLOYEES	START DATE	END DATE
	SON-1078	SOI-VA68

**PLEASE PRINT CLEARLY**

\*\*\*COMPLETE FORM ENTIRELY\*\*\*

NAME (LAST, FIRST, MIDDLE-IN THIS ORDER)			
ALIAS (LAST, FIRST, MIDDLE-IN THIS ORDER)			
GENDER			
RACE			
EYE COLOR			
HAIR COLOR			
HEIGHT	FEET:	INCHES:	
WEIGHT (LBS)			
DATE OF BIRTH	YEAR:	MONTH:	DAY:
PLACE OF BIRTH	COUNTRY:	CITY:	STATE:
COUNTRY OF CITIZENSHIP			
FULL SOCIAL SECURITY NUMBER			
DVAMC ASSIGNED SERVICE DEPARTMENT			
OCCUPATION TITLE/ RESPONSIBLE POC			
HOME ADDRESS (NO P.O.BOX)	STREET		
	CITY	STATE	ZIP
WOC, AFFILIATES, VOLUNTEERS, CONTRACTOR, INTERNS, RESIDENTS - TELEPHONE NUMBER	(       ) contact number for pickup VA ext..		
AFFILIATION DESCRIPTION/SERVICE			
APPLICANT'S EMAIL ADDRESS			

**To be completed by Human Resources Representative:**

DATE FINGERPRINTED: \_\_\_\_\_  Employee  Renewal  
 New badge  Lost badge  Not Working

PRINTED BY: \_\_\_\_\_  Affiliate  Courtesy  Contractor  Pre-Employment