**FINGERPRINT RECORD/E-QIP**

**PREP SHEET Courtesy Finger Print**

**Request**

**SON # SOI#**

VARO

4306

***PLEASE PRINT CLEARLY***

|  |  |
| --- | --- |
| LEGAL FULL NAME  (**LAST, FIRST MIDDLE**) |  |
| **SS#** |  |
| **DOB**  **Year/Month/Date** |  |
| **SEX**  **CIRCLE ONE** | F=FEMALE M=MALE X=UNKNOWN GENDER  N=FEMALE IMPERSONATOR G=MALE IMPERSONATOR |
| **RACE**  **CIRCLE ONE** | A=ASIAN B=BLACK I=NATIVE AMERICAN U=UNKNOWN C=CAUCASIAN/LATINO |
| **EYE COLOR**  **CIRCLE ONE** | GRY=GRAY HAZ=HAZEL MAR=MAROON MUL=MULTICOLORED  BLK=BLACK BLU=BLUE BRO=BROWN GRN=GREEN |
| **HAIR COLOR**  **CIRCLE ONE** | BAL=BALD BLK=BLACK BLN=BLOND/STRAWBERRY  BRO=BROWNGRY=GRAY/PARTIALLY GRAY  RED=RED/AUBURN SDY=SANDY WHI=WHITE |
| **HEIGHT**  (FT/IN) |  |
| **WEIGHT**  (LBS) |  |
| **PLACE OF BIRTH** | COUNTRY STATE COUNTY CITY |
| **CITIZENSHIP** | UNITED STATES OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SERVICE/DEPT** |  |
| **POSITION TYPE** | **Employee / Volunteer / Student / Contractor** |
| **ADDRESS** | STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY  STATE  PHONE #  ZIP CODE |

**I understand that a Special Agreement Check (SAC) will be conducted as a result of providing my fingerprints and is a condition of employment with the VA Medical Center. I also understand that negative information received as a result of the SAC could result in dismissal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant/Employee Signature Date**