**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 GENDERN=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 STATEPHONE # 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**