



## CIVILIAN FINGERPRINT APPLICANT INFORMATION

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH (YYYY/MM/DD) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ LICENSE# / STATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OTHER STATES IN WHICH YOU HAVE RESIDED \_\_\_\_\_

\_\_\_\_\_

### PROSPECTIVE EMPLOYERS INFORMATION (MUST BE FILLED OUT)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_