

DEPARTMENT: NURSING

CONTACT/FACULTY: _____

TELEPHONE/EXT _____

STUDENT/RESIDENT VOLUNTEER CONTRACT EMPLOYEE FEE BASIS REGULAR EMPLOYEE

DISPBUSMENT RES. WOC SCHOOL NAME _____

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO SUBMIT YOUR FINGERPRINTS WHICH WILL BE TAKEN BY HUMAN RESOURCES AS PART OF PROCESSING YOUR APPOINTMENT OR IN CONNECTION WITH THE REINVESTIGATION REQUIRED DUE TO THE RISK LEVEL ASSOCIATE WITH YOUR POSITION.

POSITION: _____

NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

(US SSN Only) SSN#: _____ - _____ - _____ DOB: ____/____/____

TELEPHONE NUMBER: _____ BEST TIME TO CALL: DAY EVENING EITHER

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PLACE OF BIRTH: _____

ARE YOU A US CITIZEN: YES NO IF NO, WHAT COUNTRY? _____

(IF NOT BOSTON VA) DUTY STATION: _____ SOI: _____ SON: _____

FOR THE FOLLWINTG SECTION, SEE CHART BELOW FOR SPECIAL CODES

GENDER: _____

RACE: _____

EYE COLOR: _____

HAIR COLOR: _____

HEIGHT: _____
(FEET, INCHES)

WIEGHT: _____
(POUNDS)

CHART

RACE
A-ASIAN
B-BLACK

I- NATIVE
W-CAUCASION
XXX- UNKNOWN

EYE COLOR:
BLK-BLACK
BLU-BLUE
BRO- BROWN

GRN-GREEN
GRY- GRAY
HAZ- HAZEL
XXX- UNKNOWN

HAIR COLOR:
BLK- BLACK
RED- RED/AUBURN
BLN- BLONDE/STRAWBERRY
GRY- GRAY/PARTIALLY GRAY

BAL- BALD
BRO- BROWN
WHI- WHITE
XXX- UNKNOWN

FINGER PRINTED BY: _____
DATE: _____