



IDENTIFICATION CARD INPUT SHEET

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: _____

DATE OF BIRTH: _____

GENDER: MALE () FEMALE ()

RACE/ETHNICITY: _____

SHIELD NUMBER: _____

DO YOU CARRY AN OFF-DUTY FIREARM? YES () NO ()

CIVIL SERVICE TITLE: _____

BLOOD TYPE: _____

PENSION NUMBER: _____ FACILITY/UNIT: _____

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

COMPLETE HOME ADDRESS: _____

TELEPHONE NUMBER: _____ ALTERNATE NUMBER: _____

CIVIL SERVICE STATUS:

PERMANENT
()
FULL-TIME
()

PROVISIONAL
()
PART-TIME
()

NON-COMPETITIVE
()

FOR HR USE ONLY

CIVILIANS ONLY: ESCORT REQUIRED () NO ESCORT REQUIRED ()