

FINGERPRINT DATA FORM

Please print legibly or type all information

Department: PARKS RECREATION AND CONSERVATION

Job Title: _____

Employment Type (check one): ☐ Annual ☒ Hourly/Seasonal☐ Check if employee is under 18 yrs. of age on Labor Day. **Social Security #:** _____

Last Name First Name Middle Name

Aliases (Maiden Names) Last First Middle Suffix

Street No. (No PO Boxes) Street Address City/State/Zip Code

Date of Birth – Month/Day/Year Place of Birth – City/St or City/Country if not USA

Citizenship (Country - only if birth occurs outside US and not on US Military Base or Gov't Installation)

Sex

Race

Height

Weight

Hair

Eyes

Please use the following codes for the applicable information above.

Race

Black (B)
White (W)
Hispanic (H)
American Indian & Alaskan Natives
Asian (includes Asian Indians,
Chinese, Japanese, Koreans,
Filipinos, Indonesians,
Polynesians & Other) (A)
Unknown

Hair

Bald
Black
Brown
Blonde or Strawberry
Gray
Red or Auburn
Sandy
White
Unknown
Other

Eyes

Black
Blue
Brown
Green
Gray
Pink
Hazel
Maroon
Unknown
Other

HR USE ONLY

Caps record #

23-000 _____

Date Printed:

____/____/2023

Completed/Approved
Date:

Disapproved Date:

Initials: _____

I agree to be fingerprinted by the Dept. of Human Resources for pre-employment background purposes, prior to my having received a written offer of employment. I understand that any employment offer is contingent upon passing the background investigation.

Candidate signature: _____

Date: _____ HR initials: _____