



# Office of Personnel Management

The Federal Government's Human Resources Agency



DATE:            RESULTS RETURNED TO (EMAIL ADDRESS)            HR Specialist

**Columbia SC SON=1721; SOI=VAJ7**

## Electronic Fingerprint Submission Form

|   |   |
|---|---|
| <b>Last Name:</b>   |   |
| <b>First Name:</b>  |   |
| <b>Middle Name:</b>                                       |   |
| <b>Social Security # (XXX-XX-XXXX):</b>                   |   |
| <b>Date of Birth (MM/DD/YYYY):</b>                        |   |
| <b>Sex:</b>   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>Race:</b>  |   |
| <b>Eye Color:</b>   |   |
| <b>Hair Color:</b>  |   |
| <b>Height:</b>  |   |
| <b>Weight:</b>  |   |
| <b>Place of Birth (City and State/Country):</b>           |   |
| <b>Resident (Home) Address:</b>                           |   |
| <b>Citizenship:</b>                                       |   |
| <b>Job Title Applied For:</b>                             | Health Professions Trainee                                    |
| <b>Scars, Marks, Tattoos:<br/>(General Location Only)</b> |   |
| <b>WOC STATUS (YES / NO)?</b>                             | YES   |
| <b>Telephone Number:</b>                                  |   |
| <b>Email Address:</b>                                     |   |

For HR Staff Use Only:

Date of Adjudication/SAC/COI:

Rules of Behavior acknowledgement date:

Reviewed 11/17/2020