

## VA-CABS FINGER PRINT SUBJECT PROFILE POSITION QUESTIONNAIRE

<b>DATE:</b>	<b>APPT TIME:</b>	<b>WALK-IN TIME:</b>	<b>COURTESY PRINT:</b>	<b>SON:</b>	<b>SOI:</b>
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
<b>COMPLETE LEGAL NAME:</b>					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name or NMN</b>	
<b>DATE OF BIRTH:</b>			<b>SOCIAL SECURITY NUMBER:</b>		
<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>First 3</b>	<b>Middle 2</b>	<b>Last 4</b>
<b>COUNTRY OF BIRTH:</b>		<b>STATE OF BIRTH:</b>		<b>CITY OF BIRTH:</b>	
<b>ALIEN REGISTRATION #:</b>		<b>NATURALIZATION CERT #:</b>			
<b>CITIZENSHIP COUNTRY:</b>		<b>PASSPORT #:</b>		<b>DUAL CITIZEN:</b>	
				YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<b>GENDER: MALE:</b> <input type="checkbox"/> <b>FEMALE:</b> <input type="checkbox"/>					
<b>RACE (check one):</b>			<b>HEIGHT:</b>		
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Unknown					
					Feet
			<b>WEIGHT:</b>		Inches
					Lbs (pounds)
<b>EYES (check one):</b>			<b>HAIR (check one):</b>		
<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel			<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> None <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White		
<b>PERSONAL E-MAIL ADDRESS:</b>					
<b>WORK PHONE:</b>		<b>HOME PHONE:</b>		<b>MOBILE:</b>	
(      )		(      )		(      )	
<b>ORGANIZATION:</b>			<b>EMPLOYEE TYPE:</b>		
<input type="checkbox"/> VACO <input type="checkbox"/> NCA <input type="checkbox"/> VISN# _____ <input type="checkbox"/> VBA			<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Health Profession Trainee <input type="checkbox"/> Volunteer <input type="checkbox"/> Affiliate (Fee basis) <input type="checkbox"/> Affiliate (Without Compensation) <input type="checkbox"/> Veteran Service Organization <input type="checkbox"/> Inter-Agency Detailee		
<b>JOB SERIES</b> <small>(employees)</small>				<b>SON:</b>	
<b>POSITION TITLE:</b>					
<b>POSITION SENSITIVITY:</b>					
<b>WORK E-MAIL ADDRESS:</b>					
<b>CONTRACT COMPANY NAME:</b> <small>(contractor's only)</small>					
<b>SUPERVISOR'S NAME:</b>					
<b>DUTY STATION PHYSICAL STREET ADDRESS:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>TIME FINGERPRINT STARTED:</b>			<b>TIME FINGERPRINT ENDED:</b>		
<b>REGISTRAR'S INITIALS:</b>					