

VA-CABS SUBJECT PROFILE & POSITION QUESTIONNAIRE

Form must be filled out and returned to the Adjudications Office within 24 hours

Date: _____ Courtesy Print: Yes _____ No _____ SON _____ SOI _____

Last Name*: _____ First Name*: _____ Middle Name: _____

SSN*: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

Country of Birth: _____ State of Birth: _____ City of Birth: _____

Alien Registration #: _____ Naturalization Cert #: _____

Citizenship Country: _____ Passport #: _____

Dual Citizen: _____ (Yes/No)

Gender: _____ Race: _____ (Please select: Asian or Pacific Islander, African American; Native America; Caucasian/Latino; or Unknown)

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Personal e-mail Address: _____

Work Phone: _____

Home Phone: _____

Mobile: _____

Organization*: _____ (Use VACO, VISN #, NCA, VBA)

Employee Type*: _____ (Use Employee, Contractor, Health Profession Trainee, Volunteer, Affiliate (Fee Basis), Affiliate (Without compensation), Veteran Service Organization, or Inter-Agency Detailee)

Job Series: _____ Position Title*: _____
(Employee)

Position Sensitivity*: _____ SON: _____

Work email Address: _____

Contract Company Name: _____ (contractors only)

Supervisor's Name: _____

Duty Address: Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.