

Fingerprint Information Sheet

Please complete this form, and return it to Human Resources prior to your fingerprinting appointment. This information is needed to conduct your background check/investigation.

Name: _____
First Name Middle Name Last Name

Gender : _____

Race: _____ Asian _____ Black _____ Native American _____ Caucasian/Latino

Color Eyes : _____ Black _____ Blue _____ Brown _____ Green _____ Gray
_____ Hazel _____ Maroon _____ Multicolor _____ Pink

Color Hair: _____ Bald _____ Black _____ Blonde/Strawberry _____ Blue _____ Brown
_____ Gray/Partially Gray _____ Green _____ Orange _____ Pink _____ Purple
_____ Red/Auburn _____ Sandy _____ White

Height (ft/inches): _____

Weight (lbs): _____

Position Title: _____

Social Security Number: _____

Date of Birth: _____

Judicial Chambers/Office: _____

Birth Country: _____

Home Address: _____
Street

City State Zipcode

Phone: _____
Home or Mobile

