

## 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 investigation.

**DATE & TIME OF APPOINTMENT:**\_\_\_\_\_

**Name:**

First Name

Middle Name

Last Name

**Position Title:** \_\_\_\_\_

**Judicial Chambers/Agency:** \_\_\_\_\_

**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

**Date of Birth:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Gender:**

\_\_\_\_\_

**Birth Country:**

\_\_\_\_\_

**Weight (lbs):**

\_\_\_\_\_

**Height (ft/in):**

\_\_\_\_\_

**Home Address:**

Street

City

State

Zipcode

**Phone Number:**

Home or Mobile