

FINGERPRINT CONTROL SLIP

PLEASE FILL OUT ALL OF THE INFORMATION BELOW. DO NOT LEAVE ANY FIELD BLANK!

PUBLIC SAFETY OFFICER

CIVILIAN

VOLUNTEER

COMMISSIONER

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES/ALIASES

POSITION APPLYING FOR (VOLUNTEERS MUST INDICATE DIVISION/DEPARTMENT)

TODAY'S DATE			<small>OFFICE USE ONLY</small> TRACKING #	
SEX	HAIR	EYES	HEIGHT	WEIGHT
CITY OF BIRTH			STATE OF BIRTH	
SS#	DOB		DL#	
HOME ADDRESS				

PLEASE CIRCLE THE STATES YOU HAVE RESIDED OR WORKED IN

CONNECTICUT

NEW YORK

TEXAS

ILLINOIS

OHIO

WASHINGTON

MARYLAND

SOUTH DAKOTA