



**IDENTIFICATION CARD INPUT SHEET**

DATE: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION CLEARLY**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ LBS HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN ETHNICITY: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

CIVIL SERVICE TITLE: CORRECTION OFFICER OFFICE TITLE: CORRECTION OFFICER PENSION #: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_ COMMAND: DOC ACADEMY

HOME ADDRESS: \_\_\_\_\_  
HOUSE NUMBER STREET \* AVENUE NAME APT. NO.

\_\_\_\_\_  
CITY STATE ZIP ( ) TELEPHONE NUMBER

EXAM #: \_\_\_\_\_

LIST #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_