## **NEW YORK CITY DEPARTMENT OF CORRECTION**

**ESCORT REQUIRED** 

**ONLY CIVILIANS** 



Human Resources Division Applicant Investigation Unit 75-20 Astoria Blvd, Suite 250 East Elmhurst, NY 11370 Phone: (718) 546-3150

Fax: (718) 278-6083 Email: COPre-employmentDocs@doc.nyc.gov

## **Identification Card Input Sheet**

 $\mbox{\bf Instructions:}$  Complete all the fields in the form below and

submit to COPre-mploymentdocs@doc.nyc.gov

			Date:
Last Name:	First Name:		Middle Initial:
Social Security Number (Last 4 digits only):			
Marital Status:			
Date of Birth:			
Gender:			
Race:			
Ethnicity:			
Shield Number:			
Do you carry an off-duty firearm? Yes No			
Civil Service Title:			
Blood Type:			
Pension Number:			
Weight (pounds):	Height:	Hair Color:	Eye Color:
Complete Address:			
Telephone Number:		Alternate Number:	
Civil Service Status:			
Facility/Unit:			
FOR HR USE		NO 5000DT DEO	WD=D

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