NEW YORK CITY DEPARTMENT OF CORRECTION
Human Resources Division
Applicant Investigation Unit
75-20 Astoria Blvd, Suite 160
East Elmhurst, NY 11370
Phone: (718) 546-3200
Fax: (718) 278-6083
Email: COPre-employmentDocs@doc.nyc.gov

Identification Card Input Sheet

Instructions: Complete all the fields in the form below and submit to COPre-mployMentdocs@doc.nyc.gov

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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 ONLY CIVILIANS ☐ ESCORT REQUIRED ☐ NO ESCORT REQUIRED