

NEW YORK CITY DEPARTMENT OF CORRECTION Human Resources Division Employee Services Section 75-20 Astoria Blvd, Suite 320 East Elmhurst, NY 11370 Phone: (718) 546-3150 Fax: (718) 278-6083 Email: HREmployeeServices@doc.nyc.gov

Identification Card Input Sheet

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

			Date:
Last Name:	First	Name:	Middle Initial:
Social Security Number (Las	st 4 digits only):		
Marital Status:			
Date of Birth:			
Gender:			
Race:			
Ethnicity:			
Shield Number: Do you carry an off-duty firearm? Yes No			
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 REQU	JIRED