



# Monroe County Sheriff's Office

4500 New Hwy 68, Suite 1  
 Madisonville TN 37354  
 Office: (423) 442-3911  
 info@monroetnsheriff.net • monroetnsheriff.com

|  |  |   |   |  |      |  |                        |
|--|--|---|---|--|------|--|------------------------|
| DATE APPLIED: _____  |  |   |   | PLEASE PRINT IN BLUE OR BLACK INK <b><u>YOU MAY BE ASSIGNED TO ANY SHIFT</u></b>                           |      |  |                        |
| POSITION(S) DESIRED: 1) _____ 2) _____ 3) _____  |  |   |   |  |      |  |                        |
| <b>PERSONAL HISTORY AND RESIDENT INFORMATION</b>   |  |   |   |  |      |  |                        |
| NAME IN FULL (PRINT) LAST  |  | FIRST   |   | MIDDLE   |      | SOCIAL SECURITY NUMBER                         |                        |
| CURRENT ADDRESS-STREET   |  |   |   | CITY   |      | STATE    ZIPCODE                               |                        |
| LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES; IF FEMALE, FURNISH MAIDEN NAME. IF YOU HAVE EVER USED ANY SURNAMES OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMES USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME GIVE DATE AND COURT. |  |   |   |  |      | CELL NUMBER                                    |                        |
|  |  |   |   |  |      | PLACE OF BIRTH                                 |                        |
| PRESENT CITIZENSHIP (COUNTRY)  |  |   | CITIZENSHIP ACQUIRED BY   |  |      | DATE OF BIRTH<br>MO          DAY          YEAR |                        |
| DATE AND PLACE NATURALIZED   |  |   |   | NATURALIZATION CERTIFICATE NUMBER  |      |  |                        |
| IN THE EVENT THIS INFORMATION BECOMES INVALID, PLEASE GIVE THE NAME AND PHONE NUMBER OF A RELATIVE THROUGH WHOM YOU MAY BE REACHED, OR SOMEONE WHO COULD FURNISH YOUR CURRENT ADDRESS AND PHONE NUMBER.  |  |   |   |  |      |  |                        |
| NAME   |  | RELATIONSHIP  |   | PHONE NUMBER   |      |  |                        |
|  |  |   |   |  |      |  |                        |
| <b>Text</b>  |  |   |   |  |      |  |                        |
| <b>MILITARY SERVICE RECORD</b>   |  |   |   |  |      |  |                        |
| HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES?    YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |   | BRANCH OF MILITARY SERVICE   |      | DATES OF ACTIVE DUTY<br>FROM          TO       |                        |
| TYPE OF DISCHARGE  |  | BASIS   |   | IF YOUR DD214 IS NOT HONORABLE, i.e. UNCHARACTERIZED, UNDER HONORABLE CONDITIONS, MEDICAL, PLEASE EXPLAIN: |      |  |                        |
| SERIAL NUMBER  |  | MEMBER OF RESERVE?    YES <input type="checkbox"/> NO <input type="checkbox"/><br>READY <input type="checkbox"/> STANDBY <input type="checkbox"/>   |   |  |      |  |                        |
| BRANCH OF SERVICE  |  | WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? (INCLUDE NONJUDICIAL PUNISHMENT(S), IF APPLICABLE)    YES <input type="checkbox"/> NO <input type="checkbox"/><br>IF YES, PLEASE EXPLAIN: |   |  |      |  |                        |
| ARE YOU OR HAVE YOU BEEN A MEMBER OF THE NATIONAL GUARD    YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   | IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS GIVE THE NAME OF THE UNIT AND ITS LOCATION |  |      |  |                        |
| <b>PERSONAL DECLARATIONS</b>   |  |   |   |  |      |  |                        |
| DO YOU USE OR HAVE YOU EVER-USED INTOXICANTS?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |   |  |      |  |                        |
| DO YOU USE OR HAVE YOU EVER USED SUCH ITEMS AS MARIJUANA, HASISH, COCAIN, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |   |  |      |  |                        |
| <b>EMERGENCY CONTACT</b>   |  |   |   |  |      |  |                        |
| NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY  |  |   | ADDRESS   |  | CITY |  | STATE          ZIPCODE |
| RELATIONSHIP TO APPLICANT  |  | HOME PHONE NUMBER   |   | WORK PHONE NUMBER  |      | OTHER METHOD OF CONTACT                        |                        |

**YOU MUST HAVE AND MAINTAIN THE ABILITY TO WORK ANY SHIFT DURING YOUR CAREER.**

| EDUCATION  |                 |                         |                 |                          |         |
|--|-----------------|-------------------------|-----------------|--------------------------|---------|
| NAME   | ADDRESS         | Years Attended          | COURSE OF STUDY | GRADUATE?<br>OR GED DATE |         |
| HIGH SCHOOL/ISSUER OF GED  |                 |                         |                 |                          |         |
| COLLEGE OR UNIVERSITY  | LOCATION        | FROM                    | MAJOR           | G.P.A.                   |         |
|  | DEGREE RECEIVED | TO                      | MINOR           |                          |         |
| SPECIALIZED TRAINING SCHOOLS (INCLUDE NAME, ADDRESS, WHEN ATTENDED, AND AREAS OF STUDY)  |                 |                         |                 |                          |         |
|  |                 |                         |                 |                          |         |
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|  |                 |                         |                 |                          |         |
|  |                 |                         |                 |                          |         |
| COURT RECORD   |                 |                         |                 |                          |         |
| HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY VIOLATION OF LOCAL, STATE OR FEDERAL LAW OR ORDINANCE, INCLUDING TRAFFIC TICKETS AND VIOLATIONS?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                 |                         |                 |                          |         |
| <b>IF YOU ANSWERED YES TO THE ABOVE QUESTION, YOU MUST LIST THOSE BELOW PROVIDING ALL INFORMATION REQUESTED. THIS MEANS YOU MUST LIST ALL TRAFFIC TICKETS, ALL CHARGES AND/OR ALL ARRESTS NO MATTER HOW LONG AGO THEY OCCURRED OR IF THEY WERE DISMISSED. THESE CHARGES WILL SHOW UP WHEN YOUR CRIMINAL HISTORY IS CHECKED. IF YOU DO NOT LIST THEM AND THEY SHOW UP ON THE HISTORY CHECK, YOU WILL HAVE SUBMITTED A FALSE APPLICATION AND WILL BE ELIMINATED FROM ANY CONSIDERATION FOR EMPLOYMENT.</b><br><br><b>PLEASE BE AWARE IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY FELONY CHARGE OR TO ANY MISDEMEANOR VIOLATION OF ANY FEDERAL OR STATE LAWS OR MUNICIPAL ORDINANCES RELATING TO FORCE, VIOLENCE, THEFT, DISHONESTY, GAMBLING, LIQUOR (INCLUDING DRIVING WHILE INTOXICATED), OR CONTROLLED SUBSTANCES, YOU ARE NOT ELIGIBLE FOR EMPLOYMENT WITH THE MONROE COUNTY SHERIFF'S OFFICE AND SHOULD NOT PROCEED WITH THIS APPLICATION.</b> |                 |                         |                 |                          |         |
| NAME USED  | DATE OCCURRED   | PLACE/CITY/COUNTY/STATE | CHARGE          | DISPOSITION              | DETAILS |
|  |                 |                         |                 |                          |         |
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| HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION?    YES <input type="checkbox"/> NO <input type="checkbox"/>   |                 |                         |                 |                          |         |
| IF YOU ANSWERED YES, PLEASE GIVE DATE PLACE COURT, NAMES OR PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION:   |                 |                         |                 |                          |         |
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|---|----|--|--|
| EMPLOYMENT RECORD   |    |  |  |
| NOTE: LIST LAST POSITION FIRST. INCLUDE CHRONOLOGICAL HISTORY OF EMPLOYMENT STARTING WITH CURRENT OR MOST RECENT POSITION. ACCOUNT FOR ALL PERIODS INCLUDING CASUAL EMPLOYMET AND ALL PERIODS OF UNEMPLOYMENT. BE SURE TO INCLUDE MILITARY EXPERIENCE, IF APPLICABLE. IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT HISTORY, ATTACH ADDITIONAL SHEETS OF THE SAME SIZE AS THIS APPLICATION. ALL REFERENCE CHECKS ARE CONDUCTED THROUGH THE U.S. POSTAL SERVICE. ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED. |    |  |  |
| NAME OF EMPLOYER  |    | PHONE NUMBER                                     |  |
| ADDRESS   |    | CITY   | STATE ZIPCODE  |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER   |    | REASON FOR LEAVING                               |  |
| DATES EMPLOYED<br>FROM  | TO | SALARY/EARNINGS<br>STARTING \$ PER ENDING \$ PER | SALARY/EARNINGS<br>PER WEEK FULL TIME/PER WEEK PART TIME |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.  |    |  |  |
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| NAME OF EMPLOYER  |    | PHONE NUMBER                                     |  |
| ADDRESS   |    | CITY   | STATE ZIPCODE  |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER   |    | REASON FOR LEAVING                               |  |
| DATES EMPLOYED<br>FROM  | TO | SALARY/EARNINGS<br>STARTING \$ PER ENDING \$ PER | SALARY/EARNINGS<br>PER WEEK FULL TIME/PER WEEK PART TIME |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.  |    |  |  |
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| NAME OF EMPLOYER  |    | PHONE NUMBER                                     |  |
| ADDRESS   |    | CITY   | STATE ZIPCODE  |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER   |    | REASON FOR LEAVING                               |  |
| DATES EMPLOYED<br>FROM  | TO | SALARY/EARNINGS<br>STARTING \$ PER ENDING \$ PER | SALARY/EARNINGS<br>PER WEEK FULL TIME/PER WEEK PART TIME |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.  |    |  |  |
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|---|------|--|---------------|
| EMPLOYMENT RECORD (CONT'D)  |      |  |               |
| NAME OF EMPLOYER  |      | PHONE NUMBER   |               |
| ADDRESS   | CITY | STATE  | ZIPCODE       |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER   |      | REASON FOR LEAVING                                       |               |
| DATES EMPLOYED<br>FROM  | TO   | SALARY/EARNINGS<br>STARTING \$ PER                       | ENDING \$ PER |
|   |      | SALARY/EARNINGS<br>PER WEEK FULL TIME/PER WEEK PART TIME |               |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.                    |      |  |               |
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|   |      |  |               |
| NAME OF EMPLOYER  |      | PHONE NUMBER   |               |
| ADDRESS   | CITY | STATE  | ZIPCODE       |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER   |      | REASON FOR LEAVING                                       |               |
| DATES EMPLOYED<br>FROM  | TO   | SALARY/EARNINGS<br>STARTING \$ PER                       | ENDING \$ PER |
|   |      | SALARY/EARNINGS<br>PER WEEK FULL TIME/PER WEEK PART TIME |               |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.                    |      |  |               |
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|   |      |  |               |
| NAME OF EMPLOYER  |      | PHONE NUMBER   |               |
| ADDRESS   | CITY | STATE  | ZIPCODE       |
| NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER   |      | REASON FOR LEAVING                                       |               |
| DATES EMPLOYED<br>FROM  | TO   | SALARY/EARNINGS<br>STARTING \$ PER                       | ENDING \$ PER |
|   |      | SALARY/EARNINGS<br>PER WEEK FULL TIME/PER WEEK PART TIME |               |
| DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.                    |      |  |               |
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| Have you ever been dismissed or asked to resign from any employment or position you have held?  |      |  |               |
| YES <input type="checkbox"/> NO <input type="checkbox"/>  |      |  |               |
| If your answer is "YES", please explain on a separate sheet of paper indicating the name of the company, your dates of employment and reason(s) for your dismissal/resignation. |      |  |               |

## REFERENCES

PLEASE LIST FOUR REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, OR FELLOW PRESENT EMPLOYEES) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, NEIGHBORS, BUSINESS OR PROFESSIONAL MEN OR WOMEN, WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS, PERFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST THREE YEARS. **YOU MUST PUT COMPLETE MAILING ADDRESSES. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.**

|               |                       |                  |
|---------------|-----------------------|------------------|
| COMPLETE NAME |                       | YEARS ACQUAINTED |
| ADDRESS       | CITY                  | STATE ZIPCODE    |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |
|               |                       |                  |
| COMPLETE NAME |                       | YEARS ACQUAINTED |
| ADDRESS       | CITY                  | STATE ZIPCODE    |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |
|               |                       |                  |
| COMPLETE NAME |                       | YEARS ACQUAINTED |
| ADDRESS       | CITY                  | STATE ZIPCODE    |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |
|               |                       |                  |
| COMPLETE NAME |                       | YEARS ACQUAINTED |
| ADDRESS       | CITY                  | STATE ZIPCODE    |
| BUSINESS NAME | BUSINESS PHONE NUMBER | OCCUPATION       |

**AVAILABILITY OF APPLICANT**

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE MONROE COUNTY SHERIFF'S OFFICE? YES ☐ NO ☐

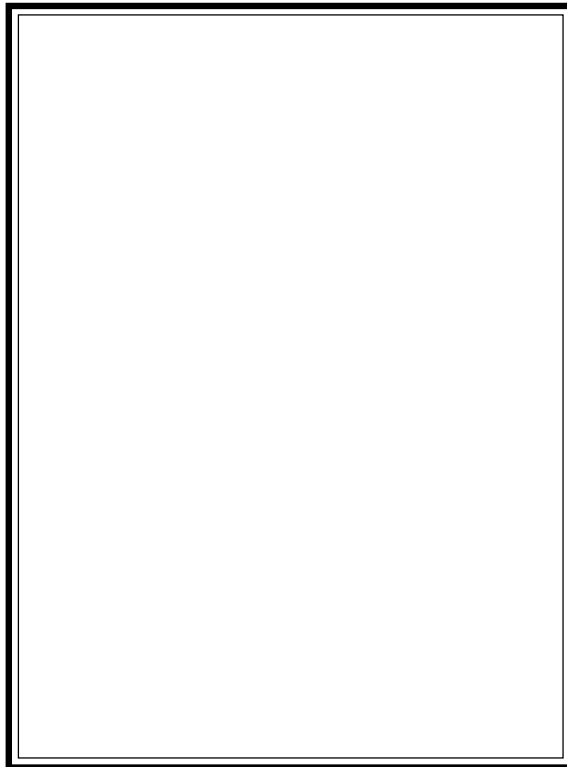
IF YES, WHEN? \_\_\_\_\_ PLACE \_\_\_\_\_

EARLIEST DATE AVAILABLE FOR EMPLOYMENT

HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?

IF APPLYING FOR CLERICAL POSITIONS, PLEASE GIVE APPROXIMATE TYPING SPPED AND LIST ANY OTHER OFFICE SKILLS SUCH AS SHORTHAND, FILING, OFFICE MACHINE OPERATION, ETC., WHICH YOU HAVE:

**PLEASE ATTACH A PHOTOGRAPH OF YOURSELF THAT WAS TAKEN WITHIN THE LAST 3 MONTHS**



**ATTENTION THIS STATEMENT MUST BE SIGNED**

I understand that all appointments are probationary for a period of one year at the discretion of the Sheriff, subject to rules and regulations set forth by the Monroe County Sheriff's Office. I agree to submit to a physical examination and all other testing when requested. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Monroe County Sheriff's Office and may constitute a violation of various criminal statutes. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print or type name

**AUTHORITY TO RELEASE INFORMATION AND RECORDS (PLEASE PRINT CLEARLY)**

I AGREE TO AND UNDERSTAND THE FOLLOWING:

In authorizing a background investigation, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

To: Any person having knowledge of my conduct or activities; or any past or present employer; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school, (University, College, High School, Trade School, or other); or any Doctor, Hospital, Clinic or Sanitarium, or any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, \_\_\_\_\_ hereby authorize the Monroe County Sheriff's Office or its duly authorized representative, to conduct a background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Monroe County Sheriff's Office or its agents, and I release all persons providing information to the Monroe County Sheriff's Office from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represented myself for this purpose. Information to be reviewed may include un-deleted DD Forms 214 and drug/alcohol related information. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## AUTHORITY TO RELEASE INFORMATION AND RECORDS

**TO:** Any person having knowledge of my conduct or activities, any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization.

I, \_\_\_\_\_ hereby authorize the Monroe County Sheriff's Office or its duly authorized representative, to conduct a credit check to determine my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Monroe County Sheriff's Office or its duly authorized representative and I release all persons providing information to the Monroe County Sheriff's Office from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I acknowledge by my signature hereto that this Release constitutes advanced written notice, from the Monroe County Sheriff's Office or its duly authorized representative, that a consumer report may be requested for employment purposes.

---

Print or Type Complete Name

---

Social Security Number  
(for identification only)

---

Print or Type Complete Address

---

Area Code

Phone Number

---

Signature

---

Date



# RECORDS CHECK INFORMATION

## MONROE COUNTY SHERIFF'S OFFICE

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Complete Middle \_\_\_\_\_

List the name you go by \_\_\_\_\_

List all other names you have used, including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name. If you have legally changed your name, give date and court \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth (city/state) \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Race \_\_\_\_\_ (this is used for criminal history check only)

Social Security Number \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

List all states of residence \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE – FOR USE BY THE MCSO ONLY

**Criminal History** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**WW Wanted Check** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**QPO** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Warrants Check** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Local History** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Driving Record** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**INFORMATION NEEDED FOR FINGERPRINTING**  
**PLEASE FILL OUT AND GIVE TO THE OFFICER WHO**  
**FINGERPRINTS YOU**

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ALIASES/MAIDEN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX \_\_\_\_\_

RACE \_\_\_\_\_

EYES \_\_\_\_\_

HAIR \_\_\_\_\_

HEIGHT\_\_\_\_\_

WEIGHT\_\_\_\_\_