

## Fingerprint Information Sheet

Please complete this form, and return it to Human Resources prior to your fingerprinting appointment. This information is needed to conduct your background investigation.

**Name:** \_\_\_\_\_  
First Name Middle Name Last Name

**Position Title:** \_\_\_\_\_ **Judicial Chambers:** \_\_\_\_\_

**Race:** \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Caucasian/Latino

**Color Eyes :** \_\_\_\_\_ Black \_\_\_\_\_ Blue \_\_\_\_\_ Brown \_\_\_\_\_ Green \_\_\_\_\_ Gray  
\_\_\_\_\_ Hazel \_\_\_\_\_ Maroon \_\_\_\_\_ Multicolor \_\_\_\_\_ Pink

**Color Hair:** \_\_\_\_\_ Bald \_\_\_\_\_ Black \_\_\_\_\_ Blonde/  
\_\_\_\_\_ Gray/ Strawberry \_\_\_\_\_ Blue \_\_\_\_\_ Brown  
\_\_\_\_\_ Partially Gray \_\_\_\_\_ Green \_\_\_\_\_ Orange \_\_\_\_\_ Pink \_\_\_\_\_ Purple  
\_\_\_\_\_ Red/Auburn \_\_\_\_\_ Sandy \_\_\_\_\_ White

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_

**Weight (lbs):** \_\_\_\_\_

**Height (ft/in):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street

City State Zipcode

**Phone Number:** \_\_\_\_\_  
Home or Mobile