



MIAMI-DADE COUNTY HUMAN RESOURCES FINGERPRINT AND I.D. INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth (State or Country): _____

Gender: _____ Height: _____'Ft. _____"Inch. Weight: _____Lbs. Eyes: _____ Hair: _____

Race which you would be identified (Please Check One):

_____ White _____ Black _____ Hispanic _____ Asian _____ other

Are you a US Citizen? Yes _____ No _____ Social Security #: _____

Department: _____ Occupation: _____

Start Date: _____

<p>To be filled by Department Personnel Only.</p> <p>Please provide index code on PCD for New Hire Orientation Purposes only.</p> <p>Job Opening #: _____ Index Code: _____</p> <p>Temp Agency (If Applicable): _____</p>
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I hereby certify that all statements made are true to the best of my knowledge.

Signature: _____ Date: _____