



DEPARTMENT OF VETERANS AFFAIRS

Veterans Health Administration – Station # 589
4801 East Linwood Boulevard
Kansas City, MO 6412
816-861-4700 ext. 55767



PLEASE PRINT LEGIBLY

Date: _____

1) Full Name: Last _____ First _____ Middle _____

2) Social Security #: _____ 3) D.O.B. (YYYY/MM/DD): _____

4) Country of Citizenship (List All): _____

5) Place of Birth (City, State, Nation): _____

6) Gender: ☐ Male ☐ Female

7) Race: ☐ Asian ☐ Black ☐ Native American ☐ Unknown ☐ W (Caucasian/Latino)

8) Eye Color: _____ 9) Hair Color: _____

10) Height (Feet, Inches) _____ 11) Weight (Pounds): _____

12) Job Title applying for: _____

13) Service Area / Department: _____

14) Sponsor or HR SPC: _____

15) Personal Phone #: _____

16) Personal E-Mail: _____

17) Status or Affiliation with the VA (Select one):

☐ Student ☐ Intern ☐ Resident ☐ Fellow ☐ WOC ☐ Volunteer ☐ New Employee ☐ Current Employee

☐ Contractor – Company _____

Courtesy Finger Print: SON: _____ SOI: _____ OPAC (DOD only): _____

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18) Reason for Fingerprint: ☐ Employment ☐ Affiliate ☐ Volunteer ☐ Courtesy

19) Fingerprinted by (Initials): _____