



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: 04/01/20

1) Full Name: Last Huynh First William Middle Minh

2) Social Security #: 514-08-6959 3) D.O.B. (YYYY/MM/DD): 1993/09/20

4) Country of Citizenship (List All): United States

5) Place of Birth (City, State, Nation): Wichita, KS, United States

6) Gender: ☒ Male ☐ Female

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

8) Eye Color: Brown 9) Hair Color: Black

10) Height (Feet, Inches) 5'5" 11) Weight (Pounds): 130

12) Job Title applying for: _____

13) Service Area / Department: _____

14) Sponsor or HR SPC: _____

15) Personal Phone #: (316) 847-2017

16) Personal E-Mail: whuynh@kumc.edu

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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