



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. _____ In. 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: _____

To be filled by **Department Personnel Only**. Please provide index code on PCD for New Hire Orientation Purposes only.

Title of Position: _____ Employee Status: _____

Job Opening #: _____ Index Code: _____

Temp Agency (If Applicable): _____

I hereby certify that all statements made are true to the best of my knowledge.

Signature: _____ Date: _____