



**G4S SECURE SOLUTIONS  
FINGERPRINT CARD INFORMATION**

**APPLICANT INFORMATION:**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: State \_\_\_\_\_ or Country \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Apt#  
\_\_\_\_\_ City State, Zip County

SCARS: YES / NO (check one) Where: \_\_\_\_\_

TATTOOS: YES / NO (check one) What: \_\_\_\_\_ Where: \_\_\_\_\_  
What: \_\_\_\_\_ Where: \_\_\_\_\_  
What: \_\_\_\_\_ Where: \_\_\_\_\_  
What: \_\_\_\_\_ Where: \_\_\_\_\_

**REFERRING AGENCY INFORMATION:**

Agency ID No. \_\_\_\_\_

Reason for fingerprinting:  
\_\_\_\_\_