Minneapolis VA Health Care System
Human Resources Management Services
Employee Information Worksheet

PLEASE PRINT—USE BLOCK LETTERS COMPLETE ALL ENTRIES

NAME			
Last			
First			
Middle			
Suffix (Jr. III, etc.)			
Social Security Number:			
DATE OF BIRTH	YEAR	MONTH	DAY

OTHER NAMES	
NONE	☐
Maiden Name	
Aliases	

Sex	Race	Color Eyes	Color Hair	Height		Weight
				ft	in	lbs

PLACE OF BIRTH	CITY	STATE or COUNTRY

CURRENT RESIDENCE	
Street	
City	
State	
ZIP	
Phone Number	
Citizenship (Country)	
Title of My Position With the VA	
EMAIL	

SCARS, MARKS & TATTOOS			
None	☐		
List each (type & location on body)			

FOR HR USE ONLY					
Date of Prints	Service Line		NOA	EOD	
Initials of Taker			OPM Case Number		
Computer	Front	Rear	Logged e-QIP?	Yes	No
Sent?	No	Yes ☐	Date		