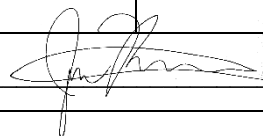


SENTINEL SERVICES
NEW YORK REGIONAL OFFICE

PERSONNEL INFORMATION SHEET

16. TITLE			17. BRANCH/CLASS		18. DOB		1. NAME (LAST, FIRST)			2. MI			
19. PLACE OF BIRTH			20. DOJ		21. BADGE #		3. RESIDENTIAL ADDRESS			CITY ZIP		4. RES. PHONE	
22. ADDITIONAL INFORMATION						7. AGENCY NAME			8. RANK AT PREVIOUS AGENCY			6. DOMESTIC OR FOREIGN	
23. EMPLOYEE ID						24. PHOTO ☐ N/A ☐ ON FILE			10. HIGHEST EDUCATION LEVEL ACHIEVED			9. REASON FOR LEAVING	
25. SSN NUMBER						11. INSTITUTION NAME			12. ADDITIONAL OR SUPPLEMENTAL EDUCATION			13. DEGREES RECEIVED	
26. PRIOR BRANCHE OF MILITARY, IF ANY						RANK			14. FAMILY MEMBERS TO NOTIFY IN CASE OF WIA			15. PHONE NUMBER	
27. ANY TOURS ACCOMPLISHED ABROAD ☐ N/A ☐ YES ☐ NO						MOS			14. FAMILY MEMBERS TO NOTIFY IN CASE OF WIA			15. PHONE NUMBER	
28. HEIGHT		29. WEIGHT		30. EYE COLOR ☐ BLACK ☐ BLUE ☐ GREEN ☐ MAROON ☐ MULTICOLORED ☐ BROWN ☐ GREY ☐ HAZEL ☐ LILAC ☐ UNKNOWN				31. HAIR COLOR ☐ BLACK ☐ BLONDE ☐ GREY ☐ OTHER ☐ BROWN ☐ RED ☐ WHITE					
32. HAIR LENGHT ☐ EAR ☐ SHOULDER ☐ CREWCUT ☐ OTHER ☐ COLLAR ☐ BALD ☐ BELOW SHOULDER						33. HAIR STYLE ☐ AFRO ☐ STRAIGHT ☐ BALD ☐ OTHER ☐ CURLY ☐ BRAIDED/PONYTAIL ☐ DREADLOCKS							
34. FACIAL HAIR ☐ NONE ☐ BEARD ☐ MUSTACHE ☐ SHAVEN ☐ GOATEE ☐ SIDEBURNS				35. COMPLEXION ☐ ALBINO ☐ FAIR/LIGHT ☐ DARK ☐ ACNE ☐ BLACK ☐ MEDIUM ☐ RUDDY ☐ FRECKLED				36. BUILD ☐ THIN ☐ HEAVY ☐ AVERAGE ☐ MUSCULAR					
37. ABNORMALITIES IN DENTAL PATTERNS ☐ MISSING ☐ NORMAL ☐ GOLD CAPPED ☐ DENTURES ☐ CROOKED ☐ CHIPPED				38. SCARS, MARKS, DEFORMITIES				39. TATTOOS (INDICATE WHERE ON BODY)					
BUREAU WORK HISTORY AND RECORD OF INCIDENT													
NOTATION		INCIDENT		DATE		OFFENSE		OTHERS INVOLVED		GUILTY PARTY (?)		NOTES	
MEDICAL/DENTAL FILES RECEIVED (SIGNATURE): 													
SHORTED MEDICAL PROFILE				40. HISTORY OF VIOLENT BEHAVIOR OR PSYCHOLOGICAL TRAUMA ☐ YES ☐ NO DESCRIBE:									
41. BLOOD TYPE ☐ A POS ☐ B POS ☐ AB POS ☐ O POS ☐ A NEG ☐ B NEG ☐ AB NEG ☐ O NEG				42. HAS M/P DONATED BLOOD? ☐ YES ☐ NO				43. FINGERPRINTS ON FILE? ☐ YES ☐ NO					
44. MEDICATION, IF ANY				HISTORY OF MENTAL INSTABILITY, IF ANY									
PHYSICIAN'S NAME:				DENTIST'S NAME:									
45. ADDITIONAL INFORMATIONS													
46. FILE CLERK				47. STATUS				48. LATEST UPDATE					
49. PERSONNEL OFFICER 				50. SUPERVISOR DEPT. ADMINISTRATOR 				SEQ. NO.					

