DEPARTMENT OF MUTANT AFFAIRS

SENTINEL SERVICES
NEW YORK REGIONAL OFFICE

PERSONNEL INFORMATION SHEET

1. NAME (LAST, FIRST) | 2. MI

16. TITLE | 17. BRANCH/CLASS | 18. DOB | 3. RESIDENTIAL ADDRESS | CITY | ZIP | 4. RES. PHONE

19. PLACE OF BIRTH | 20. DOJ | 21. BADGE # | 5. PRIOR LAW ENFORCEMENT AGENCY, IF ANY | 6. DOMESTIC OR FOREIGN

22. ADDITIONAL INFORMATION | 7. AGENCY NAME | 8. RANK AT PREVIOUS AGENCY

9. REASON FOR LEAVING

23. EMPLOYEE ID | 24. PHOTO ☒ N/A ☐ ON FILE | 10. HIGHEST EDUCATION LEVEL ARCHIEVED

25. SSN NUMBER | 11. INSTITUTION NAME

26. PRIOR BRANCHE OF MILITARY, IF ANY | RANK | 12. ADDITIONAL OR SUPPLEMENTAL EDUCATION | 13. DEGREES RECEIVED

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 ☐ 0 POS ☐ A NEG ☐ B NEG ☐ AB NEG ☐ 0 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.