

**Department of Veterans Affairs Tennessee Valley Healthcare System
(Background Investigation/Fingerprinting Information Required)**

Disclosure of Information: The information you provide is used for the purpose of determining your suitability for Federal employment as established by Executive Order 10450, Security Requirement for Government Employment; we will protect it from unauthorized disclosure.

DATE:

Please Print Information

NAME: (Last, First, Middle)																											
RACE:																											
GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female																										
HEIGHT:	<table border="1"> <tr> <td colspan="2">For HR Office Use Only</td> </tr> <tr> <td colspan="2">Nashville/Murfreesboro</td> </tr> <tr> <td>Enter into e-QIP</td> <td>_____</td> </tr> <tr> <td>PIV Completed</td> <td>_____</td> </tr> </table>			For HR Office Use Only		Nashville/Murfreesboro		Enter into e-QIP	_____	PIV Completed	_____																
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Nashville/Murfreesboro																											
Enter into e-QIP				_____																							
PIV Completed	_____																										
WEIGHT:																											
HAIR COLOR:																											
EYE COLOR:																											
SOCIAL SECURITY NUMBER:																											
DATE OF BIRTH:																											
PLACE OF BIRTH: (City/State/Country)																											
CITIZENSHIP:	U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" list country of citizenship:																										
ALIASES/NICKNAMES:																											
CURRENT ADDRESS (Street, City, State, and Zip):																											
CURRENT PHONE:																											
POSITION TITLE:	House Staff – Resident/Fellow																										
SPECIALTY OR VA SERVICE ASSIGNED TO:																											
Work Status (Check one of the following that applies): If you're a student please provide the school you're attending below.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Permanent Staff</td> <td><input type="checkbox"/></td> <td>Fee Basis</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Part-time Staff</td> <td><input type="checkbox"/></td> <td>Consultant/Attending</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Work Study</td> <td><input type="checkbox"/></td> <td>WOC</td> </tr> <tr> <td><input type="checkbox"/></td> <td>IPA Appointee</td> <td><input checked="" type="checkbox"/></td> <td>Resident/Fellow</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Student</td> <td><input type="checkbox"/></td> <td>Volunteer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Contractor</td> <td><input type="checkbox"/></td> <td>Courtesy Fingerprints</td> </tr> </table>			<input type="checkbox"/>	Permanent Staff	<input type="checkbox"/>	Fee Basis	<input type="checkbox"/>	Part-time Staff	<input type="checkbox"/>	Consultant/Attending	<input type="checkbox"/>	Work Study	<input type="checkbox"/>	WOC	<input type="checkbox"/>	IPA Appointee	<input checked="" type="checkbox"/>	Resident/Fellow	<input type="checkbox"/>	Student	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Courtesy Fingerprints
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School _____	Assignment over 120 days: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Providing Direct Patient Services: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										