



Oneida-Herkimer-Madison BOCES

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www.oneida-boces.org

Fingerprinting Form

TO BE COMPLETED BY NEW EMPLOYEE | PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Previous Name(s) Used (birth name): _____ Middle Initial: _____

Street Address: _____ City, State, Zip: _____

Email Address: _____

Home/Contact Phone Number: _____ Preferred Contact: ☐ Email ☐ US Mail

DOB: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

Race: _____ Hispanic (**must answer**): ☐ Yes ☐ No Hair Color: _____ Eye Color: _____

State Born: _____ American Citizen: ☐ Yes ☐ No If No, List Country of Citizenship: _____

Social Security Number: _____

The state of NY requires you to present one valid and not expired form of photo identification at your appointment. Please indicate below which photo identification you will bring with you on the day of your fingerprinting appointment.

- ☐ Driver's License issued by a State or outlying possession of the US
- ☐ Driver's License PERMIT issued by a State or outlying possession of the US
- ☐ ID Card issued by a federal/state/local government agency or by a Territory of the US
- ☐ State ID Card (or outlying possession of the US) with a seal or logo from State or State Agency
- ☐ Commercial Driver's License issued by a State or outlying possession of the US
- ☐ Canadian Driver's License
- ☐ Department of Defense Common Access Card
- ☐ Employment Authorization Document that contains a photograph
- ☐ Foreign Driver's License (Mexico and Canada Only)
- ☐ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- ☐ US Tribal or Bureau of Indian Affairs Identification Card (Enhanced Tribal Card Only)
- ☐ US Visa issued by US Dept. of Consular Affairs for travel to or within, or residence within, the US
- ☐ Military Dependent's Identification Card
- ☐ US Passport
- ☐ Uniformed Services Identification Card (Form DD-1172-2)
- ☐ US Coastguard Merchant Mariner Card
- ☐ US Military Identification Card
- ☐ Foreign Passport

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Department requesting fingerprinting: _____

Position for which candidate is applying: _____

ORI Code/Zip: TEACH/13413 Fingerprint Location: UTICA Date/Time: _____