APPENDIX: C

BHHCS VA POLICE In-processing Checklist

The following Checklist must be filled out by Police for any new employees as well as for employees leaving BHHCS (Retirement, Termination, Transfer etc). Send this form to the Police Supervisor when complete.

Register Employee, Contractor, Volunteer, Patient, Student, Intern or Other _____

Sponsor Signature_____

DATE:
SSN#:_____
NAME:
First:_____Middle:_____Last:_____
Alternate ID:_____ ID Type:_____
Home Address:_____
City:_____State:_____Zip:_____
Work Address:_____
Work City:_____State:_____Zip:_____
Phone # (H):_____(C):_____(W):_____
Email Work:_____Personal:_____
Drivers Lic #:_____ Issuing State:_____
Service:_____Category:_____Position:_____
Place of Birth:
City:_____State:_____County:_____
Date of Birth:_____
Hair Color:_____ Eye Color:_____ Gender: M / F
Ethnicity:_____Skin Tone:_____HT:_____WT:_____
Body Marks, Scars, Tattoos:_____

Vehicle Registration Insurance and Registration checked?:Yes/No
Registered Owner:_____
Physical Address:_____
City:_____State:_____Zip:_____
Make:_____Model:_____Style:_____Year:____
Primary Color:_____Secondary Color:_____
Parking Tag # Assigned:_____ Color of Tag:_____
VIN#_____Lic Plate#:_____State:____

Date Data above Entered into VAPs:_____

Panic Button Issued: Yes / No

BHHCS ID Card Issued: Yes / NO

PIV Card Issued: Yes / No

_____ _____/_____
(Police Officers Name) (Signature and Date)

VA Parking Permit#568-