



SAC SPECIAL AGREEMENT CHECK

NAME: _____
(Last Name) *(First Name)* *(Full Middle Name)*

SSN: _____ DOB: _____
(Former Name)

ALIAS: _____ RACE: _____ SEX: _____

EYE COLOR: _____ HAIR COLOR: _____

HEIGHT: _____ WEIGHT: _____

PLACE OF BIRTH: _____
(City, State, Country)

CITIZENSHIP: _____
(Country)

RESIDENT ADDRESS: _____
(Street, City, State, Zip)

(VA Department) *(Position Applied For)*
SERVICE: _____ **JOB TITLE** _____

SCARS, MARKS, TATTOO(S): _____

EMAIL ADDRESS: _____ PHONE # _____

ARE YOU A VETERAN? Circle one: Y/N IF YES, LAST DATE OF SERVICE: _____

TYPE OF APPOINTMENT *(check one)*

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Employment (Paid) | <input type="checkbox"/> Fee Basis (Consultant) | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> WOC (S/T or L/T) From _____ To _____ | |

Fingerprinted by *Date*

Suitability Personnel Use

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> SUITABILITY _____ | <input type="checkbox"/> SPREADSHEET _____ | <input type="checkbox"/> E-QIP _____ | <input type="checkbox"/> Golden Questions |
| | | | <input type="checkbox"/> Initiate |
| | | | <input type="checkbox"/> Email |
- (Check boxes if needed)*

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Prints →OPM | <input type="checkbox"/> Scanned in Folders (HR & eSAC) | <input type="checkbox"/> Emailed Service POCs |
|--------------------------------------|---|---|

Filed by *Date*