



- New Employee      New hire with Hines  
Student/Trainees/Resident/WOC's (Initial appointment/rotation)  
Volunteers
- PIV (Re-Issuance)      If your PIV card is expired, lost, stolen, de-activated (if lost requires Police Report)  
Returning Students/Trainees/Residents/WOC's
- Periodic Reinvestigation      If your position requires a higher level investigation (MBI or BI)
- Courtesy      Name and address of VA Facility:  
SOI:                      SON:

## **SPECIAL AGREEMENT CHECK (SAC)**

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"/> Other                   | <input type="checkbox"/> WOC                    |
| <input type="checkbox"/> Contractor Hines VA | <input type="checkbox"/> Contractor Building 215 | <input type="checkbox"/> Contractor Building 37 |

\_\_\_\_\_  
Fingerprinted by                      Date