

**Identification
Employment Work Permit**

Ordinance # 1805 Section 9

Owners, managers, operators, or any employee of business must submit this for fingerprints and background check.

Date: _____

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Build: _____

Hair: _____ Eyes: _____

Social Security No.: _____

Occupation: _____

Citizenship: _____

Scars and Marks: _____

Next of Kin: _____

Relationship: _____

Address: _____