



## *Integrity Nursing Staffing Solutions LLC*

### Profile Information for Fingerprints

NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
HOW LONG (YEAR) YOU HAVE RESIDED IN MICHIGAN \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_  
WEIGHT: \_\_\_\_\_  
HAIR COLOR: \_\_\_\_\_  
EYE COLOR: \_\_\_\_\_  
GENDER: \_\_\_\_\_  
RACE: \_\_\_\_\_  
SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
NURSE LICENSE: \_\_\_\_\_  
CENA REGISTRY: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
DRIVER LICENSE NUMBER: \_\_\_\_\_

**FILL OUT FORM IN ITS ENTIRETY**

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