

**APPLICATION FOR
STATE OF ALASKA
EMPLOYEE IDENTIFICATION CARD**

Identification Information:

FULL LEGAL NAME:	First	Middle	Last	Suffix	Date of Birth
Sex	Social Security No.	Alaska License Number	Height	Weight	Eye Color
				Hair Color	

Employee Information:

Department Name	Department Number
Division Name	Employee Number
Title	Job Class Code

X

Applicant Signature

X

Department Approval or Designee (Printed Name, Title and Signature)

FOR DIVISION USE ONLY

Examiner	Batch	Date	ADL Verified	YES
				NO