

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	Hair Color	Eye Color

Employee Information:

Department Name	Department Number <i>25</i>
Division Name	Employee Number
Title	Class Code

X

Applicant Signature

X

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

FOR DIVISION USE ONLY

Examiner	Batch	Date	ADL Verified	<input type="checkbox"/> YES
				<input type="checkbox"/> NO