PERSONAL HISTORY CARD Expires _____

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Name (Last, First, Middle)				Card Number
DATE OF BIRTH	PLACE OF BIRTH			EYES
HAIR	HEIGHT	WEIGHT	CITIZENSHIP	NATURALIZED

LOCAL ADDRESS

DATE EMPLOYED	DATE REPORTED

EMPLOYED BY

SIGNATURE OF APPLICANT

This Civilian Employee concerned has certified to me that the above information is correct.

SIGNATURE OF SUPERVISOR

MCIEAST-MCB CAMLEJ/G-1/CHRO-E/5512.1/9 (7/12)
PREVIOUS EDITIONS OBSOLETE ADOBE 9.0

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