



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
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MASS.GOV/CJIS



DCJIS Fingerprint Background Check Data Collection Form

Date: _____

Personal Information

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix (Jr., Sr., etc): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Select One: U.S. Citizen U.S. Permanent Resident

Phone Number: _____ Citizen of Another Country

Other Name(s) (e.g. alias, maiden name): _____ Driver's Lic #/State: _____

First Name: _____ Last Name: _____

Residential Address

Street: _____ Apt. # or Suite: _____

City/Town: _____ State: _____ Zip: _____

Please list any other states in which you have lived: _____

Employment Information

Are you currently employed? Yes No Job Title: _____

Name of Employer: _____

Employer Address: _____

Physical Descriptors

Gender: _____ Height (Feet/Inches): _____ Weight (Pounds): _____

Please check the appropriate answers below:

- | | | | | | |
|-------------|--------------------------------|---------------------------------|--|---|--|
| Race: | <input type="checkbox"/> Asian | <input type="checkbox"/> Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Caucasian/Latino | <input type="checkbox"/> Unknown |
| Eye Color: | <input type="checkbox"/> Black | <input type="checkbox"/> Blue | <input type="checkbox"/> Brown | <input type="checkbox"/> Green | <input type="checkbox"/> Hazel |
| | <input type="checkbox"/> Pink | <input type="checkbox"/> Gray | <input type="checkbox"/> Maroon | <input type="checkbox"/> Multi-Colored | <input type="checkbox"/> Unknown |
| Hair Color: | <input type="checkbox"/> Bald | <input type="checkbox"/> Black | <input type="checkbox"/> Brown | <input type="checkbox"/> Blue | <input type="checkbox"/> Green |
| | <input type="checkbox"/> Sandy | <input type="checkbox"/> Orange | <input type="checkbox"/> Purple | <input type="checkbox"/> Red/Auburn | <input type="checkbox"/> Blonde/Strawberry |
| | <input type="checkbox"/> White | <input type="checkbox"/> Pink | <input type="checkbox"/> Gray/Partially Gray | <input type="checkbox"/> Unknown | |

Please list any scars, marks, or tattoos and the location of the item on your body (e.g. tattoo of a sun on the right forearm, small scar over right eye): _____
