



**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: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Name(s) (e.g. alias, maiden name):

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): \_\_\_\_\_

\_\_\_\_\_