



# PROVIDENCE POLICE DEPARTMENT BUREAU OF CRIMINAL IDENTIFICATION

## BACKGROUND CHECK FINGERPRINTING FORM PROVIDENCE RESIDENTS ONLY

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Daycare      | <input type="checkbox"/> Adoption          | <input type="checkbox"/> School Department Employee |
| <input type="checkbox"/> Home Daycare | <input type="checkbox"/> Ink Card          | <input type="checkbox"/> Police Department Employee |
| <input type="checkbox"/> Foster Care  | <input type="checkbox"/> Medical Marijuana | <input type="checkbox"/> Police Officer             |
| <input type="checkbox"/> Group Home   | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Firefighter                |

Full Name: \_\_\_\_\_  
Last First Middle Initial

\*Maiden name or other name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street State Zip Code

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female

Race:  American Indian/Pacific Islander  Asian  African American  White  Hispanic  Other

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Have you ever been convicted of a crime?  NO  YES If yes, please explain and include dates of conviction:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a record expunged?  NO  YES

Have you been a resident of the State of Rhode Island within the past five (5) years?  NO  YES

If no, please list the state(s) you have lived in within the past five (5) years: \_\_\_\_\_

Name of Facility Requesting Results: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street City, State Zip Code

### FOR OFFICIAL USE ONLY

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_