



# North Providence Police

## BACKGROUND CHECK / FINGERPRINT APPLICANT INFORMATION FORM

**PRINT LEGIBLY. HAVE YOUR ID READY.**

**TOWN RESIDENTS ONLY.**

Last Name	First Name	Middle Name	
Address	City North Providence	State RI	ZIP Code (circle) 02904 / 02911
Alias/Maiden Name	Date of Birth	Tel. Number	

**Please Circle One:**

Sex: Male Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Race: White Black Asian Native American

Eye Color: Blue Brown Green Grey Hazel

Hair Color: Bald Black Blond/Straw Brown Grey Red Sandy White

State of Birth: \_\_\_\_\_ (Country if not U.S.) U.S. Citizen: Y N

If not, where are you a citizen? \_\_\_\_\_

**Agency receiving fingerprint results:** (Teaching Applicants: List only one school department. An original copy of the results will be sent to your home to use for additional school applications.)

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE USE ONLY
<input type="checkbox"/> BCI NEGATIVE
<input type="checkbox"/> DISQUALIFIED
_____ INITIALS

**Reason Fingerprinted:** (Please Circle One)

Make checks payable to "Town Of North Providence"

Public/Private Education (\$40.00)

Foster Care (Free)

Child Care (Free)

Adoption (\$40.00)

Day Care/Preschool (Free)

Nursing (\$40.00)

Massage License (\$40.00)

Securities/Insurance (\$10 with own card, otherwise \$40.00)

Other \_\_\_\_\_ (Any requiring national FBI background check will cost \$40.00)

**\*\*\* You must notify the person taking your fingerprints if you have any of the following in your possession: Firearm, Knife, Pepper Spray, or any other weapons. \*\*\***