



Tracking Number: _____

**PHILADELPHIA PRISON SYSTEM
OFFICE OF PROFESSIONAL COMPLIANCE
BACKGROUND INVESTIGATIONS UNIT**

COMPUTERIZED CRIMINAL HISTORY CHECK

Received Date: _____
Staff Member: _____

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> CONTRACTOR
Date: _____		<input type="checkbox"/> VOLUNTEER
Requested by: _____		<input type="checkbox"/> CITY EMPLOYEE

PRINT ALL INFORMATION CLEARLY

Company / Volunteer Organization: _____

Job Title: _____

Last Name: _____ First Name: _____ Full Middle Name: _____

List all Names EVER used; include Maiden name and or aliases: _____

Have you EVER been arrested: YES: ___ NO: ___

If Yes, where: _____

Have you been arrested w/in the last 12 months ? YES: ___ NO: ___

Social Security Number:		Date of Birth:	
Race:	Sex:	Height:	Weight:
Eye Color:	Hair Color:	Place of Birth:	Work/Cell Phone:
Home Address:		City:	State: Zip Code
		Home Phone #:	
Drivers License Number:	State:	E-Mail Address:	

For BIU Use Only:

Date processed: _____

Processed by: _____

Verified By (Supervisor): _____

NO RECORD FOUND

RECORD FOUND BASED ON THE FOLLOWING IDENTIFIERS:

NAME DOB SOC. SEC ALIAS RACE

SEX HEIGHT COLOR HAIR COLOR EYES POB

IF RECORD WAS FOUND IS SUBJECT PRESENTLY WANTED OR ON PROBATION?: YES NO