

FINGERPRINT BACKGROUND CHECK FORM CRIMINAL JUSTICE APPLICANT

SCSO/SV **DETENTION SERVICES** County of Spokane ORI#: WA0320000

OR

SPD **SFD** City of Spokane ORI#: WA0320400

DEPARTMENTAL CONTACT Deputy David Morris (509)477-6044

DEPARTMENTAL CONTACT E-MAIL ADDRESS DWMORRIS@spokanesherriff.org

EMPLOYEE/APPLICANT'S POSITION _____

EMPLOYEE/APPLICANT'S FULL NAME _____

AKA, ALIAS, MAIDEN, ADOPTED NAME(S) _____

FULL EMPLOYEE/APPLICANT'S ADDRESS _____

EMPLOYEE/APPLICANT'S E-MAIL ADDRESS _____

DATE OF BIRTH _____ SEX _____ RACE _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SCARS, MARKS AND/OR TATTOOS _____

DRIVER'S LICENSE # _____ STATE _____

SOCIAL SECURITY NUMBER _____

PLACE OF BIRTH _____

PHONE NUMBER _____

FORENSICS UNIT – PUBLIC SAFETY BLDG., 1100 W. MALLON, SPOKANE, WA 99260
HOURS FOR FINGERPRINTING: Tuesday-Friday: 8:30 am – 3:30 pm
CLOSED MONDAY

***** DEPARTMENT USE ONLY *****

DATE FINGERPRINTED _____

SID# _____ FBI# _____ CID# _____

BACKGROUND CHECK: CLEARED SENT FOR REVIEW
REV 01/24/18