

# COLLECT BACKGROUND REPORT

**(COMPLETE TOP SHADED PORTION)**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_  
(LAST) (FIRST) (MI) (MM/DD/YYYY)

**OTHER NAMES USED** \_\_\_\_\_ **SSN** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **FATHER'S FULL NAME** \_\_\_\_\_  
(Including Maiden)

**HGT** \_\_\_\_\_ **WGT** \_\_\_\_\_ **RACE** \_\_\_\_\_ **SEX** \_\_\_\_\_ **EYES** \_\_\_\_\_ **HAIR** \_\_\_\_\_

**SCARS/TATTOOS (in detail-use back of form if necessary)** \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_

**E-MAIL ADDRESS (Specify all)** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**SUBMITTED BY** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REASON FOR SUBMISSION – (Check appropriate box)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Armory             | <input type="checkbox"/> COLLECT (Initial)  | <input type="checkbox"/> New Hire (Officer) | <input type="checkbox"/> Labor Relations    |
| <input type="checkbox"/> CTU                | <input type="checkbox"/> COLLECT (Recert)   | <input type="checkbox"/> New Hire (Other)   | <input type="checkbox"/> Media Group        |
| <input type="checkbox"/> K-9                | <input type="checkbox"/> Outside Group      | <input type="checkbox"/> Rehire             | <input type="checkbox"/> Reclassification   |
| <input type="checkbox"/> Firearms (Initial) | <input type="checkbox"/> Outside Vendor     | <input type="checkbox"/> Promotion          | <input type="checkbox"/> Religious Services |
| <input type="checkbox"/> Firearms (Recert)  | <input type="checkbox"/> Outside Researcher | <input type="checkbox"/> Phone Monitor      | <input type="checkbox"/> Volunteer          |

**POSITIVE  
RESPONSE**

**NO PRIOR  
CONVICTIONS**

**FLO2 DRIVER INFO** \_\_\_\_\_

**OBTS** \_\_\_\_\_

**FLQW CT VEHICLE/WANTED INQ.** \_\_\_\_\_

**SPRC CT MASTER FILE** \_\_\_\_\_

**SPSC CT SUSPENSE FILE** \_\_\_\_\_

**FLQH INTERSTATE III CHECK** \_\_\_\_\_

**RT45SS DOC SS CHECK** \_\_\_\_\_

**RT45NMDOC NAME CHECK** \_\_\_\_\_

**FLIQ OUT OF STATE CHECKS**

\_\_\_\_\_ **RI** \_\_\_\_\_

\_\_\_\_\_ **NY** \_\_\_\_\_

\_\_\_\_\_ **MA** \_\_\_\_\_

\_\_\_\_\_

**CHECK COMPLETED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Comments/Findings:**

**OFFICIAL USE ONLY:**

Arrest Date	Arresting Agency/Docket Number:	Charge	Level: Misd. Or Fel	Date Disposed	Court Disposition

**PLEASE NOTE: This Form will NOT be processed if incomplete or illegible**

