

**CORRECTIONAL HEALTH SERVICES
EMPLOYEE/CONTRACTOR BACKGROUND CHECK**

Last Name: _____

First Name: _____

Middle Name: _____

Aliases (to include maiden names): _____

Date of Birth: _____

Social Security Number: _____

FINGERPRINT PROCEDURES

Report to:

**Maricopa County Sheriff's Office
201 W. Jefferson
West Court Building
4th Floor**

**Monday – Friday
7:30 am – 4:30 pm**

PLEASE BRING VALID GOVERNMENT ISSUED PHOTO I.D.

MCSO Employee Conducting Background Check: _____

AFIS UNIT:

Send results to: Gertrude Jackson, Personnel Services