



2714 Canal Street, Suite 102  
 New Orleans, LA 70119  
 P: (504)309.2104  
 F: (504)309.2206

## BACKGROUND SEARCH INFORMATION FORM

### Volunteers of America

**Note to Applicant:** the purpose of this form is to obtain information for Innovative Risk to conduct a criminal background search. This form will not become a part of an applicant personnel file.

**Employer:** To insure an accurate search, please make sure this form is fully completed clear print.

**Email to:** Anthony@innovative-nola.com or fax to (504)-309-2206.

#### *Check all services Requested:*

County Criminal Record Database Search: <input checked="" type="checkbox"/>	MVR: _____	Finger prints: _____
Criminal-US Dist Court: _____	References: _____	Credit: _____
National Sex Offenders Registry <input checked="" type="checkbox"/>	SSN Verification: _____	Other: _____

**Print Full Name:** \_\_\_\_\_ **Maiden/Previously Used Name(s)** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver's License No:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

Your Complete & Full  
 Current Physical Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*(Complete this section ONLY if you are requesting License Verification)

Type of Professional License	License Number	State Issued	Date Issued
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**\*Residences:** List below all cities and parishes/counties in which you have resided during the past **7 YEARS ONLY**. Please list the dates you resided in each city and all last names you used while living there **DURING THOSE 7 YEARS.**

_____ (City, State)	_____ (County/Parish)	_____ (All last Names used while living here)	_____ (Mo.-Yr.) / (Mo.-Yr.)
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By Completing and signing this form you authorizing Innovative access to any active or inactive criminal records.

**Applicant's Signature:** \_\_\_\_\_

**Person Requesting Search:** \_\_\_\_\_  
 (Please Print Clearly) Program and Fund Number Date