



2714 Canal Street, Suite 102
 New Orleans, LA 70119
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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