

APPLICANT BACKGROUND CHECK

Section One: Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

Maiden Name: _____ Driver's License/ID Number: _____ State issuing: _____

Sex: Male Female Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: __/__/____ Place of Birth: _____ Citizenship: _____

Home/Mailing Address: _____

Section Two: Agency Information (Completed by Requesting Agency)

Agency Name: _____

Agency ORI: _____ Agency Facility Number: _____

Reason Fingerprinted: Self Employment Volunteer State Statute: _____

Point of Contact with Agency: _____

Phone: _____ EMAIL Address: _____

Agency Address: _____

Original TCN: _____ *(If resubmission for rejected fingerprints)*

Section Three: Type of Background Check

State Only State and Federal Central Abuse NCPA/VCA State/Fed with Facility #

RESULTS WILL BE SENT TO AGENCY ADDRESS

RESULTS WILL BE SENT TO HOME/MAILING ADDRESS

Section Four: For MorphoTrust Representative Only

Date of Livescan: _____ Amount Charged for Service: _____

Paid by: Check Money Order Visa MasterCard Billing Account: _____

TCN: _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Printed Name of Enrollment Officer: _____

Signature of Enrollment Officer: _____

